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THE NATIONAL

ECLECTIC MEDICAL ASSOCIATION

QUARTERLY

EDITED BY
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THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Minutes of the Forty-second Annual Meeting, held in Washington, D. C., June 18-21, 1912.

TUESDAY MORNING SESSION.

Meeting called to order by the President, A. F. Stephens, M.D., St. Louis, Mo.

Invocation by Rev. Henry N. Couden, Chaplain of the House of Representatives:

"Eternal and ever-living God our heavenly Father, source of all wisdom, power and knowledge, inspiration of all that is best in life, we thank Thee for that long line of strong, pure, brave, self-sacrificing men who down through all ages have added a little here, a little there to the civilization of our day, and for the strong, pure, noble, brave, self-sacrificing men who are living in this day, pursuing great researches after more knowledge, more wisdom, that they may add somewhat to the good of mankind. We thank Thee for these representative men and women now convened in a national convention. Grant that their deliberations may be fruitful in the conservation of the thought which has already been worked out, and in its distribution, and that they may go on in their researches, seeking the causes of diseases and the best method of removing it; that they may alleviate suffering and prolong human life. Grant that their stay in this city may be profitable unto them in every way and advance the great work in which they are engaged. And so may Thy kingdom be advanced and Thy will be done in the earth in the spirit of the Lord Jesus Christ. Amen."

PRESIDENT STEPHENS: I now have the pleasure as well as the opportunity of introducing to you a man who can get you out of jail if you do not behave in the District of Columbia. I would advise you to court his favor. I take pleasure in introducing Mr. C. H. Rudolph, Commissioner for the District of Columbia.

MR. C. H. RUDOLPH: *Ladies and Gentlemen*—I do not believe I will be called upon to exercise any authority in getting any of you people out of jail. You do not look as if you would get into trouble, and, moreover, I have the shining example of one of your members, an old friend with whom I have lived some years ago. They say in order to know a man you must

live with him, and Dr. MacDonald proved his Eclecticism by taking the front suite of rooms and leaving me in the back room.

As a representative of the municipal board, I welcome you to this city, which is really as much your city as mine. In other cities you have been welcomed by the mayor, and you will come to the conclusion that that is part of the duty of an executive, and it is. In my case, as president of the Board of Commissioners of our form of government here, I want to say to you as did the young chap to a girl who told him that he had no business to kiss her that way; he replied, "It's not business, it's a pleasure." (Laughter.) As I have said, this is as much your city as it is that of anybody who lives in the District of Columbia, because no matter whether you hail from Maine or Florida, California or Alaska, so long as you are a citizen of the United States, you have a share in the capitol, your representatives in Congress constituting themselves the city council. With this proprietary interest vested in you, it is your patriotic duty to encourage Washington's advance along definite, approved lines, to the end that it may become the most beautiful capitol city of the world, worthy to represent our great country as it moves to better things.

In the execution of our form of municipal government we aim to make it as nearly eclectic as possible, by selecting, appropriating, adopting and modifying the best of any other municipality, and occasionally originating features which we are glad to have other cities use. Our good President has personally interested himself in all projects looking to its beautification. Many of your representatives in Congress are working diligently for its advancement, but some need a little stimulation. Being Eclectics, you will know how best to administer this stimulation, and I hope you will use allopathic doses in doing it, and do it yourselves. We may be in the condition of the man who was sick and an Irishman was left to watch him. The doctor left a certain kind of powder and told Pat to give him as much as would lie on a dime every so often. The next morning when the doctor came the man was dead. He questioned Pat as to how it happened, and asked him if he had given him the powder, to which Pat replied, "Yis, I gave it to him, but I had no dime, so I gave him two nickelsful."

I am not qualified to discuss the merits of healing as practiced by one school or another, but I am sure we all agree on one thing, that we are best off when we do not require the services of any school. But it does appeal to me that a school that is based on the selection of what's best is established on correct principles, and as the encyclopedia tells that Eclecticism was founded away back at the time when Esculapius was bossing the whole medical profession, the system has surely stood the test of time.

I trust this meeting may go down in the records as one of the most successful you have ever held. I am sure it will be more peaceful than a little function which is being pulled off in Chicago today. I hope you will all feel thoroughly at home, and that you will like us so well that you will return, and when you do return, either as an association or as individuals, the welcome of our hearts awaits you. (Applause.)

PRESIDENT STEPHENS: I now have the pleasure of introducing to you one whom you already know—Dr. R. L. Thomas, of Cincinnati—who will respond to the address of welcome. (Applause.)

DR. R. L. THOMAS (Cincinnati): *Mr. President, Ladies and Gentlemen*—In behalf of the National Eclectic Medical Association, I want to thank the president of the Board of Commissioners for his hearty welcome to this magnificent city of *ours*. I am not a resident of Washington, away down there in Cincinnati, but as Mr. Rudolph has said, this city really belongs to all of us, and although some of us may come from as far as California, I believe we feel now that we are really at home and in our own city, and so we are especially thankful for this cordial welcome.

We are gathered here this morning as one of the great schools of medicine, to deliberate as to the best means by which we may add to the public good. There are some who are advocating that really there is only need for one school of medicine, that there is so little difference that practically the lines have been obliterated, and why should there be a science of allopathic medicine, a science of eclectic medicine, and a science of homeopathic medicine; that it is absurd to have a science of three or four kinds of medicine. While that does look feasible, yet when you come to look into and examine the work done by the three different schools, we find there is need of each. We as a school have been working for perhaps a little over three-quarters of a century to develop a certain line in medicine. We have been studying remedies and their application to diseased conditions in a little different way from other schools. We have been offering to the world a line of medication that has been kindly and that has been successful. It is true we had a good deal of opposition, but we have gone along on this one line, trying to do the best for the people. We have an idea some way that this old world is big enough, and there are opportunities enough for everybody that is seeking after the truth, seeking for some method by which to do his little share in relieving the sick people, in making men happier and in making this old world a better place in which to live. This is what we are trying to do and have been trying to do. And this is largely what we have gathered here for, to develop our ideas and confer with each other.

We hear a great deal today about the modern, up-to-date school that is spending its millions for equipment for laboratory work, and to find the causes and effects of medicines. This is a good thing, a splendid thing, and we believe in it as a school; but that is not our specialty. We have an idea some way that if people are sick they want to get well; they want a line of medication that will restore them to health, and so we have worked on this line, while possibly some of the older schools have not been so successful, because they have about lost faith in medication. In fact, their leading man, Dr. Osler, is now regarded as a therapeutic nihilist. But we still believe that sick people want to get well, and we believe we have a line of medication that will tend toward that end, and we do not believe that it is the just thing to try to eliminate all this and to merge all into one.

All schools of medicine are good schools, and we are still striving for one

thing, and that is for the betterment of the system or practice of medicine, and for the betterment of mankind. I am sure in our deliberations here we have no antagonism; we have only the kindliest feelings towards every man who is called "doctor" and who is trying to do his work.

I thank you again, Mr. Rudolph, for your cordial welcome to this city. (Applause.)

President Stephens: I will now introduce to you a man whom I met but yesterday, but who has a frank, open countenance that you need not fear and that I think you will like—Dr. George MacDonald, of the District of Columbia, who will welcome you in behalf of the medical fraternity. (Applause.)

Dr. George MacDonald (Washington): I am very happy, because I am before an audience of liberal, through-and-through, "give me liberty" men in the practice of medicine, and I have always stood for liberty. I take issue with Tom, Dick and Harry, because I want to use my own judgment. (Applause.) And that is the keynote of Eclecticism—liberty. Each free from being cramped by isms or by other societies.

I belong to the Eclectic Society of the District of Columbia. I graduated in Scotland in the Regular school. Then I wanted a little more freedom, more material, I wanted to get at the people better, and I took up Homeopathy, and a few years after that I came here and I met Dr. Munn, and he said to me, "You just make one hit more, and jump right in with us." He laid down Eclecticism and gave me the different cues, so to speak, and it took very well and I became his student. I sat at the feet of Gamaliel, because he was one of the great pioneers, one of the mighty men that could dare the devil. Things had to come right or something would break. These are the men who did the hewing and digging and prepared the grand soil for the Eclecticism of today. I became a member of the Connecticut State Eclectic Society, and while I have a lot of diplomas on my walls, there is one I prize the most—and, by the way, I have a string of nutmegs hanging over the frame—and that is from the Eclectic school. The peculiarity of the Eclectic school is that we do not deplete, we replete; we build up. That is the foundation of Eclecticism.

It was at a meeting of this association some thirty years ago that I met Dr. Munn. He and I started out to hunt up some Eclectics, and we went all over the town and could not find a single one. You will not find many now, but when you do find them there is some stuff in them. (Laughter.)

Then after that there was a real good enterprising man here, Dr. Bland, who was an Eclectic, and his wife was an Eclectic, and they proposed to start a society, and I talked the matter over with them and I said we would have a hard time, because the old school fellows were crowding the Homeopaths and they would crowd us. But Dr. Bland said he would get a charter from Congress. I said, "You do that and I am with you." And he did, and I think it is the only act of Congress establishing an Eclectic society in the world. But after a while that great green-eyed monster, the American Medical Association, started the machine going to crowd us out and

have the whole thing themselves. We had a fight in the House; Dr. Bland was gone and I was the only orator left, so I had to tackle the different committees, and I had a pretty hard time to get a hearing. That is one trouble with a man who does not have a pull; he is not worth anything in Congress. Always look out for a pull when you want anything. It is a wonderful thing—a pull; makes you feel so good and quiet and restful to think that something is going to be done for you. But this medical trades union kept checkmating me, and we had a pretty stiff fight. They said they would allow us to practice, but we could have no representation on the board, but we finally overcame that, and now we have our medical examiner and supervisor.

But, ladies and gentlemen, we have something confronting us in the near future. They are trying to work into a system of bondage in the medical line. They want to establish a department of medicine; they want to have a commissioner of medicine who shall be a member of the Cabinet, and if they get that through the chances are that anybody that does not belong to that clique will suffer. I think the Eclectics will have a fight on their hands to straighten things out honestly. All we want is honesty. The Eclectics are the most honest practitioners in the world. (Applause.) When it comes right down to reason and logic, they are there every time.

I have taken too much of your time and my talk has been wandering, but we are delighted to have such a gathering of such representative people come here to deliberate, and I sincerely hope you will find your way back to Washington again. (Applause.)

PRESIDENT STEPHENS: I will now introduce a young man from the Pacific coast, Dr. J. A. Munk, of Los Angeles. (Applause.)

DR. J. A. MUNK (Los Angeles): *Mr. President, Ladies and Gentlemen*—We are certainly glad to be welcomed here to this beautiful city by the representative of the medical profession. We like to meet the brethren of the profession and talk over matters and discuss subjects that pertain to our business, and yet we do not want it all business; we like a little pleasure mixed in, and on these occasions we try to have a little of both, and according to my observation we generally succeed, and I presume this meeting will be no exception to the rule. We have listened to a very interesting talk of personal experience and of matters in general.

Not to talk too much shop, I want to say that we are certainly most delighted at the welcome we have received, and we are glad to be here for various reasons. This is the headquarters of the nation; the most beautiful city, I presume, in the nation. I have not been out very much yet this trip, but I hope to see something of it before I leave. But I remember a time a few years ago when this city was very much wrought up about its internal affairs, and especially about the improvements that were proposed to be made here. Nothing seemed to come to a head; everyone pulled at cross-purposes, until that forceful man, Boss Shephard, was put in control, and that is why you have today this beautiful city. The plans for these boulevards, parks, the residence district and the civic center are all his work, and

you know how he was praised by some and damned by others because of the amount of money he spent in doing this work; but the result is something you may be proud of as citizens of the city of Washington. But I must say that while you have a beautiful city here and many attractions, yet from a Westerner's standpoint you have a beastly climate; all kinds of extremes, and that is one thing I do not enjoy. It may not be in the minds of all of you that we once before met in this city in a convention like this—in 1876, I remember it—and we had weather like this, only more so; we simply melted. President Grant was in office then, and we had the pleasure of shaking hands with him. But I am satisfied we are going to have a fine time here, weather permitting, and we also expect to hear some important matters discussed. I am glad to be here. A great many men on the Pacific coast are thinking of us today, and we have in mind that we want this convention to meet on our coast in 1915, and we do not want you to forget it. (Applause.) If you will come to San Francisco in 1915 we will give you the best kind of a time, because Eclecticism is reviving on the Pacific coast, and a new interest is awakened. We hope to be able to welcome you there again, and we will promise the weather. It never fails.

PRESIDENT STEPHENS: I am very glad to introduce Dr. John T. Sibley, of Brooklyn. (Applause.)

DR. JOHN T. SIBLEY (Brooklyn): *Mr. President, Ladies and Gentlemen* —I appreciate very much this hearty welcome. I come from the section of our land where I might say Eclecticism had its birth—in the East; where it was rocked and nourished in the cradle of hardship and oppression; but if the work that we do here is commensurate at all with the sincerity of our welcome, this meeting will go down in Eclectic history as one of the best. When I left my home in New York for Washington I knew just what to expect. I had tasted Maryland hospitality before, and when Maryland hospitality is once tasted the memory and the flavor lingers on and on.

It is exceedingly proper that an association that is so thoroughly American should hold an important meeting at the federal capitol. It is especially fitting and proper that we should meet where there are so many reminders of the "spirit of '76;" for the motives that prompted the American colonies to throw off the yoke of oppression were the same that prompted the Eclectic pioneers to throw off the yoke of allopathic domination. No matter how carefully transplanted or how thoroughly fertilized, the seeds of tyranny and oppression cannot thrive on American soil (applause), whether they be the seeds of political bondage or the seeds of medical despotism. The steadfastness with which the martyrs of the Revolution continued their fight for justice and liberty against tremendous odds was the same as characterized the work of our Eclectic leaders, and the results will be exactly the same. (Applause.) Our Declaration of Independence was read when that little band of heroes met in the city of New York about ninety years ago and laid the foundations for the only system of medicine with a rational system of therapeutics. The smoldering fires of medical liberty could no longer be confined, but they burst into a flame that has not only lit up the

medical world but has illumined the minds of thousands and thousands of the best people in our land whose confidence and esteem we enjoy today. That little meeting in 1823 was the signal for a fight where the stronger used every means in their power to crush the weaker. Nothing was too vile to call the Eclectic physician, and no scheme too terrible to attempt in the effort to crush him. But Eclecticism being founded on truth, has weathered all the storms and persecutions and vituperations, and has entrenched itself in the citadel of honor and justice, and will continue to give to humanity a common sense, liberal system of medicine.

In the beginning of Eclecticism its enemies did not treat it seriously; they thought the concussion of a good hearty laugh would explode it. Ridicule and sarcasm were used, but few arguments. Why should argument be necessary? Had not the science of medicine been the same for ages? Was it not good enough for kings and queens and lords centuries ago? If so, why was it not good enough for the people today. But for some reason people began to look into the new system and it grew in proportions, and then this stronger force began to heap abuse upon it. But some people could not forget that they had been blistered, that they had been salivated until their teeth were gone, that they had been weakened by blood-letting, until they were ready to cry for some more humane system of medicine. It was discovered after a time that this movement for medical reform could not be killed by ridicule, and the next thing was to try to kill it by abuse. Every opprobrious epithet was hurled at our system, but against the parapets of truth no amount of abuse can prevail, and this meeting here today of intelligent, cultured men and women forever answers, in a voice that cannot be misunderstood, the question, "Has Eclecticism made good?" (Applause.) The old school people have discovered that they are no match for us in a fair, square trial before the people, and they are unwilling to test the merits of their system with ours in a practical way. The fact that they are constantly seeking outside aid is proof of this, and history does not record an example of any more contemptible spirit than that which moves some of the members of the old school to be constantly seeking opportunities to harass us by legislation. But this is the last stand. The idea that people are not competent to judge for themselves is on a par with the idea of the British government that the American people did not know what was best for them. The limit has been reached, and the pendulum of public opinion is about to sweep the other way, and it will sweep before it every vestige of oppression that stands in its path. All this unfair legislation will come to an end. Almost every session in New York finds some bill designed to hurt our cause; but we have met all the requirements, and, judging from the records made by our graduates we stand very high in the State of New York, in our colleges, and while I am not familiar with conditions existing in other States where there are Eclectic colleges, I dare say the same thing may be said there, for we know the Eclectic colleges are well equipped with faculties of the best medical men in this country.

And now, while there seems to be a flag of truce flying, we find that

their attack has simply assumed another form, and they are now trying to smother us to death with kindness. We have all been asked to join the allopathic societies; we have all been asked to consult with allopathic physicians; many of us have been asked to contribute to their publications. Mr. Allopathic Spider has most graciously importuned Miss Eclectic Fly to step into his parlor. Many of these advances are not made in good faith, but for the purpose of destroying our identity; compliance would mean assimilation or annihilation. (Applause.) There has never been a step forward in medical science that has not met with opposition from some source. When Harvey announced the system of circulation of the blood he was forbidden to practice in his native land. When Ambroise Paré introduced a ligature to tie the arteries he was denounced for recklessness, for daring to suspend a man's life by a thread; and when Dr. Johnson announced his therapeutic ideas he was thrown in jail. When a French dentist succeeded in extracting teeth painlessly and asked the privilege of reading a paper on the subject he was told that the society had no time for any such foolishness. When the anesthetic properties of chloroform were discovered, its use was severely condemned by many physicians. If you take from a physician today his clinical thermometer and stethoscope, could he make a diagnosis? And yet when DeHaven invented the clinical thermometer he was denounced by the profession as a quack, and for one hundred years the valuable instrument lay fallow. The head of the University College Hospital of London was deposed from his position many years ago for using a stethoscope, and it was fifty years before anyone used this instrument. It is one of the most remarkable facts of history that while other sciences were bounding along with tremendous strides, the science of medicine stood still. When the other sciences were using their utmost endeavors to make progress, when geology and zoology and botany and chemistry were marching forward, the science of medicine was limping along in the same old rut. In certain fields, especially the field of bacteriology, the old school people have been most assiduous the past few years, and in their efforts to invent some new microbe they have lost sight largely of therapeutics, the most important branch of medical knowledge. The abandoning of bedside work for laboratory work is all too prevalent, and in New York State a physician taking the examination is expected to know about plumbing and gas-fitting and all that. If he knows that, he need not know anything about medicine. While it is true that some people take too much medicine, while it is true that some doctors prescribe too much medicine, yet we do need some medicine, and we need something more than calomel and paregoric.

My faith in Eclectic remedies is unbounded, but it is not any greater than my faith in the ability and determination of this association to keep up the fight until the humblest individual shall have the right to say just how he shall be doctored when he is sick(applause), until every infamous law curtailing the privileges of practitioners of liberal medicine shall be wiped from the statute books of every State in the Union. (Applause.)

President Stephens: It now gives me pleasure to introduce Dr. F. W. Abbott, of Taunton, Mass. (Applause.)

Dr. F. W. Abbott (Taunton, Mass.): *Mr. President, Ladies and Gentlemen*—I am in a very peculiar frame of mind this morning. I have listened to these comforting, quiet remarks with such a delightful religious flavor as we have heard from Dr. Thomas, and that has put me in a sort of heavenly frame of mind, a delightful state of being. And I have heard these quaint personal reminiscences of good Dr. MacDonald, showing the sweet and saving grace of humor, and that has brought to me the message, "Thou shalt not take thyself too seriously." And then we turn to our young friend, Munk. And I am astonished that at this hour, under these circumstances, with such a galaxy of wit, wisdom and beauty surrounding him, our good friend Munk should let such a trifle as the weather bother him. And then we come to the eloquent oratory of the incomparable Sibley, at whose feet we all humbly bow, and to whom we all gladly and graciously yield the palm for eloquence and wisdom. He has boxed the compass from every possible side,—and it leaves me nothing to say. I do not know where I am. And then when I look out on this audience and see such an array of talent and beauty, it touches my youthful heart. It makes me think of Bill Arp. He was a Union prisoner during the war; he was badly wounded, and when he was recovering consciousness he saw flitting around from one to another a most beautiful young lady who came up to him and asked if there was anything she could do for him. He did not know of anything, so she said, "If there is anything at all you want, let me know, and I will ask my heavenly Father to give it to you." "Well," said Bill, "if I were not a married man, I don't know but what you might ask your heavenly father how he would like me for a son-in-law." I feel that way this morning. No weather has got into my bones; no climate troubles me; no "pent-up Utica" restrains me this morning.

What can I say? Most of you probably wish I would say "Amen" and sit down, but I will not do that. I have selected a subject upon which it is not possible to wax eloquent. You cannot become eloquent over the multiplication table. Of course, my friend Sibley could, but it takes a Sibley to do that. But in the few remarks I have to offer I shall speak briefly on "The Doctor in Court," a subject upon which I feel thoroughly competent to speak, as about two-thirds of my income is derived from the court and from cases growing out of court work.

First, the physician when called as an expert should know what is expected of him. All physicians who are authorized legally to practice medicine can qualify as medical experts. The popular idea of an expert is a very learned, profound, skillful gentleman in his profession. Not at all. There is not a physician before me today who can practice medicine legally but can qualify in most States as a medical expert, and so the physician should go into court in an humble frame of mind, feeling that he is no better than his brothers because he is an expert. It does not make him a specialist. Oftentimes the attorney on the other side will try to bring out

the fact that you are an expert. But all physicians who are qualified to give opinions are experts. The difference between an expert and an ordinary witness is the matter of opinion.

Second, in qualifying I believe the physician should be modest in the matter; he should always keep something in reserve for cross-examination; always have something up his sleeve, so to speak, to bring out at an opportune moment. I believe every physician should qualify as to his school, and when he says, "I am a graduate of the Eclectic Medical School of the State of New York," or whatever college it may be, he should not lower his voice or raise it unduly, but say it in such a tone that every person in the room will know that he is an Eclectic. And under ordinary circumstances his trouble begins right there, for the Eclectic in most communities is a marked man. He is on trial as well as the defendant in the case, and how he bears himself will largely determine the verdict. But he should bear himself quietly and calmly, and, above all, honestly, and have a perfect passion for facts. A man should always be strong on facts. He may draw his conclusions from these facts along various lines, but they should always be in consonance with good hard-headed, common sense, something that will appeal to the jury and to the court.

The expert, whether Eclectic, allopathic or what, has a hard row to hoe. When we see such cases as the Thaw case, and the Richeson case, you see that physicians will go into court, a half-dozen on one side and a half-dozen on the other, and then and there render diametrically opposite conclusions based on facts, and it has come to the point where the expert is suspected instead of respected. We have a definition that there are "liars, d——d liars, and medical experts," and the public at large have that opinion. But the expert can overcome that by his bearing, by his demeanor, and he will be able, if he conducts himself right, to overcome in a large measure this feeling and show the judge and jury that behind the expert is what should be behind every physician, every man in every walk of life, namely, the man. Character, and character only, counts with the judge and jury when a physician is on the witness stand. He should endeavor not to leave the impression that he knows it all. Be free to say "I do not know," "I have not looked that up." But once having committed yourself, stand by it.

I have found it exceedingly unwise for a physician in court to refer to authorities, because he is authority. From his reading, from his study, from his experience he has crystallized and formed opinions, and he is authority. Do not quote authorities, even your own.

I might go on *ad infinitum* and even *ad nauseam*. A physician should not indulge in repartee. Such a witness is an object of suspicion to judge and jury, and when that is the case his usefulness is at an end. I will close by saying this—that when a physician goes into court somebody on the jury will know him, and he will tell the rest of the jury what he is. If the physician has led a life of integrity, if he has been a true Eclectic, a true man, that integrity and manhood will count in the witness box; and if he has been malicious, it will count against him, for no matter how eloquent and

learned one may be, too often it is said of the bad man, "I cannot hear what you say, because I know what you are." The spirit behind the lives of such men as Munn, Lloyd, Boskowitz, Best, and dozens of others who have been pioneers and workers, earnest, loyal Eclectics for the last ten, twenty, thirty or fifty years, despite their differences, their peculiar individual characteristics, show that behind the lives of such men there is manhood, there is character.

To the young men I would like to leave this word, that not only on the witness stand, but in every avenue of life, remember to calmly, quietly, carry out the principles of your profession. I will close with a story told me recently by a clergyman in our town, of two cowboys in the West. One died, and his comrade was inconsolable. He went to a monument maker and ordered a stone to mark the last resting place of his friend, and insisted that there be engraved on it exactly what he wished. When the day came for the unveiling of the monument, this was the inscription:

"Here lies Bill Stubbs, who died, age forty-four.
He done his damndest; angels could do no more."

The man who does his damndest, which is only the vernacular for the highest ideals, is safe.

BUSINESS SESSION.

Roll call of officers. The majority of officers answering roll call, the president declared a quorum present for the transaction of business.

Roll call of States for the formation of the Committee of Delegates.

Moved and carried that Dr. Geo. MacDonald be appointed as representative of the District of Columbia.

Reading of the minutes of last meeting. Moved and carried that the minutes be approved as printed.

After the appointment of Dr. Kittredge to take charge of the register, and some announcements in regard to entertainment, the session adjourned until 2 o'clock p. m.

TUESDAY AFTERNOON SESSION.

Meeting called to order by the president, the first order of business being the report of the corresponding secretary.

To the National Eclectic Medical Association—Gentlemen.

In presenting to you my third annual report as editor of the *Quarterly* and corresponding secretary, it must, of necessity, be largely a financial one. My work being largely in an editorial line is open to the inspection of all; it merely remains for me to append the financial exhibit.

FIRST QUARTER, JULY 1 TO SEPTEMBER 1, 1911.

RECEIPTS.

Subscriptions from Treasurer Sharp	$275 00	
Other subscriptions	4 00	
Reprints from Munk	5 00	
Advertising accounts, less postage	123 95	$407 95

EXPENDITURES.

Lancet-Clinic Co., printing *Quarterly*	$218 58	
Editor's salary and expenses	79 31—	297 89
Balance for quarter		$110 06

SECOND QUARTER, OCTOBER, 1911, to JANUARY, 1912.

RECEIPTS.

Subscriptions from Treasurer Sharp	$275 00	
Other subscriptions	2 00	
Advertising, less postage	92 91—	$369 91

EXPENDITURES.

Lancet-Clinic Co., printing *Quarterly*	$229 96	
Editor's salary and expenses	77 06	
Stenographer and clerk for one year, Jan. to Jan.	100 00—	407 02
Deficit for quarter		$ 37 11

THIRD QUARTER, JANUARY, 1912, TO APRIL, 1912.

RECEIPTS.

Subscriptions from Treasurer Sharp	$275 00	
Other subscriptions	1 00	
Advertising, less postage	126 31	
Adlerman, reprints	3 25—	$405 56

EXPENDITURES.

Lancet-Clinic Co., printing *Quarterly*	$198 75	
Editor's salary and expenses	75 80—	274 55
Balance for quarter		$131 01

FOURTH QUARTER, APRIL, 1912, TO JUNE, 1912.

RECEIPTS.

Subscriptions from Treasurer Sharp	$275 00	
Other subscriptions	1 00	
Advertising, less postage	96 49—	$372 49

EXPENDITURES.

Lancet-Clinic Co., printing *Quarterly*	$175 15	
Editor's salary and expenses	84 62—	259 77
Balance for quarter		$112 72
Grand total for year		$363 79
Deficiency one quarter		37 11
Balance turned back to treasury		$316 68

RECAPITULATION.

RECEIPTS FOR YEAR.

Members subscriptions	$1,100 00	
Other subscriptions	8 00	
Advertising (net)	439 66	
Reprints	8 25—	$1,555 91

EXPENDITURES FOR YEAR.

Printing *Quarterly*, four issues	$ 794 69	
Job work (including reprints)	27 75	
Editor's salary	300 00	
Stenographer, postage, express and supplies.	116 79—	1,239 23
Total balance returned to treasurer		$ 316 68

This year we printed 1,500 copies each issue as against 1,300 the year before. We sent out about 125 sample copies each issue and 75 exchanges and advertisers.

The net cost of the *Quarterly* to each member has been less than sixty-nine cents each, which we consider very reasonable for an octavo volume of 360 pages.

I believe that if the various State secretaries will make greater efforts to retain old members in good standing we can shortly increase the circulation of the *Quarterly* to over 2,000 copies and thus increase our efficiency and the publicity of our Eclectic cause.

Respectfully submitted,

W. N. MUNDY.

Report referred to the Committee of Delegates.

SECRETARY'S REPORT, 1912.

The evolution of the reorganization constantly brings to light new factors in the details of the work. Last year it seemed wise to attempt to put the National Association in a position to come in closer contact with the State societies.

This has been attempted through the work of the district organizers appointed last year. In a general way these men were to feel out the needs and learn the wants of the State societies, and, in particular, learn, if possible, the needs of the individual.

The work done this year has been the beginning of what has long been needed and to produce best and lasting results should be continued, either along the lines already followed or those found more advisable after each district man has reported his experience and findings.

Largely through the work of the State secretaries we have had, since the close of last meeting, 1,013 remittances, of which 204 are new applications for membership.

These have paid into the treasury $2,069.00, or approximately that amount.

In some instances the State secretaries are very efficient and loyal workers, while in other instances little, if any, effort has been made to collect delinquent dues or extend the influence and widen the scope of the State society.

These things are mentioned that we may see the weak points and offer suggestions or urge more persistent action or better planned or more systematic methods of reaching men whose chief fault is neglect in payment of

dues, or who need to be aroused to more loyal support of their own interests.

These matters were mentioned last year, and are repeated at the risk of being tiresome, because they represent one of the vital parts of the internal working of the individual societies of which the National is composed.

In some cases local conditions, over which the National has no control, have militated against the success and best interests of the State society. There may be some method of getting at some of these things with careful suggestions, but in the main such things are difficult of management and are better left to those directly affected.

For the same reasons some of the State meetings were not as good as we hoped for this year, yet in almost all cases the spirit of loyalty is good and the meetings were up to the standard, though lacking in numbers.

It has been well exemplified that the State societies in which the spirit of determination to succeed characterized the State officials, success has crowned their efforts. Persistency, everlastingly on the job, and a loyalty that makes the worker enthusiastic will bring favorable results in every instance.

They who said we could not reorganize on the present basis, or that we could not successfully edit an official organ such as the *Quarterly,* did not make the success we now enjoy, but it was done by those who believed in it and who put the energy necessary to success into the movement.

In a general way we would suggest the importance of the careful selection of State society officials, particularly the State secretaries. Men willing to work and do a monumental lot of it, willingly, loyally, and intelligently, should be selected for such places, for upon the secretaries largely depends the success of the societies.

By carefully considering the membership lists and the reports from year to year, we are led to believe that more effort is expended in obtaining new members than is used to reinstate or keep in good standing the membership on the books. If this is to continue little or no advancement will be made. Usually it requires a great deal more work to get delinquents into line than new men. The remedy is obvious.

Nothing will do us as much good as to coolly dissect our own National and State anatomy and accept the cold facts brought to light and set about to correct existing evils.

Statistics make dry reading, numbers make a sleepy audience, but reference to the accompanying chart will reveal some points of interest to those interested in reorganization and points needing attention.

This chart is approximately correct in the number of Eclectics in respective States. This part is based on an old list, and in most instances is somewhat to high. But it will serve for comparison, so we may more readily see where assistance or well-directed effort is needed.

The figures setting forth the number of members, number in good standing, those paid to 1912 and still receiving the *Quarterly,* and those delinquent are in most instances correct.

In some cases the reports for the current year were not at hand when the list was made up, so the chart is not a full representation of conditions in all the States.

As far as reported delegates have been chosen as follows:

Arkansas—Delegate, C. E. Laws; alternate, W. G. Choate.
California—Delegate, J. A. Munk.
Colorado—
Connecticut—Thomas Mulligan; alternates, E. M. Ripley, W. F. Hinckley.
Georgia—Delegate, Truax; alternate, Johnson.
Illinois—Delegate, R. J. Lambert; alternate, J. B. Davis.
Indiana—Delegate, Morse Harrod; alternate, W. F. Smith.
Iowa—Delegate, Von Lackum; alternate, B. C. Minkler.
Kansas—.
Kentucky—Delegate, Lee Strouse; alternate, M. W. Meadows.
Maine—
Massachusetts—Delegate, P. E. Howes; alternate, A. L. Chase.
Michigan—Delegate, V. A. Baker; alternate, Zell L. Baldwin.
Missouri—Delegate, M. M. Hamlin; alternate, B. E. Dawson.
Nebraska—Delegate, Andrus; alternate, Robinson.
New Jersey—
New York—Delegate, Geo. W. Thompson; alternate, C. W. Brandenburg.
Ohio—Delegate, J. K. Scudder.
Oklahoma—Delegate, W. M. King; alternate, E. G. Sharp.
Pennsylvania—Delegate, N. S. Glenn.
South Dakota—
Tennessee—Delegate, J. P. Harvill.
Texas—Delegate, Rosa B. Gates; alternate, M. B. Morey.
West Virginia—Delegate, Woodford.
Wisconsin—
Florida—Delegate, G. W. Holmes.
California College—Delegate, J. A. Munk.
Kansas City College—Delegate, B. E. Dawson.
New York College—Delegate, Hardy.
Cincinnati College—Delegate, Thomas.
Atlanta College—Delegate, Durham.
Lincoln College—Delegate, Ramey.
District of Columbia—Delegate, Geo. MacDonald.

So far as reports are at hand the annual meetings in most of the States have been up to the usual standard, and in some sections far above those of the recent past.

In several instances the call has anxiously gone out for aid, and the district organizers as well as national officers have been importuned to go or send some one to State meetings.

In May we had the pleasure of meeting with Arkansas, Texas and Oklahoma where for years the call has gone out, "Come and help us."

From this section, as from others, I am quite sure your district organizers will give reports of much interest.

	Number of Eclectics in State.	Dues paid 1912.	Dues paid 1913.	Delinquent.	Number of members.	Number reported.
Alabama	59	2	1	4	7	no report
Arkansas	196	16	32	15	72* (18 new)	49
Arizona	6	1	..	..	..	..
California	350	42	10	16	68	no report
Colorado	58	5	..	14	19	no report
Connecticut	83	5	21	8	34 (3 new)	22
Florida	53	2	1	8	11 (1 new)	no report
Georgia	306	27	36	3	100 (20 new)	50
Idaho	20	2	..	..	2	..
Illinois	813	44	29	29	102 (5 new)	33
Indiana	621	31	28	10	70 (1 new)	35
Iowa	265	15	8	10	33	18
Kansas	306	24	18	24	66 (1 new)	24
Kentucky	131	8	22	2	32 .	21
Ohio	793	57	90	59	206 (17 new)	63
Oklahoma	58	22	13	19	54 (3 new)	22
Pennsylvania	246	37	1	3	47	..
South Dakota	39	7	1	6	15	..
Maine	36	3	..	..	..	..
Massachusetts	107	14	..	4	21	..
Michigan	308	10	2	..	12	12
Minnesota	80	..	..	1	..	..
Missouri	400	50	34	24	108 (13 new)	86
Nebraska	196	23	42	13	78 (8 new)	44
New York	594	25	116	..	131 (10 new)	146
Tennessee	153	12	6	2	20	..

* 9 non-residents.

WM. P. BEST, *Secretary.*

PRESIDENT: Referred to the Board of Delegates.

TREASURER'S REPORT FOR YEAR ENDING JUNE 1, 1912.

RECEIPTS.

June 1, 1911—By balance (cash on hand)	$2,067 54	
June 20—By rebate on *Quarterly* (Mundy)	300 00	
June 1, 1912—By dues collected	1,835 00	$4,202 54

DISBURSEMENTS.

June 5, 1911—Warrant No. 209 to W. N. Mundy, June *Quarterly*	$ 275 00
June 23—Warrant No. 210 to W. N. Mundy, general expense	125 60
June 23—Warrant No. 211 to L. E. Prosser, trans. const.	4 50
June 23—Warrant No. 212 to W. P. Best, salary and expense	346 20

June 23—Warrant No. 213 to E. G. Sharp, general expense	83 78	
July 20—Warrant No. 214 to reporting National proceedings	100 00	
July 21—Warrant No. 215 to Lancet-Clinic, programs.	6 50	
August 8—Warrant No. 216 to W. P. Best, stationery, postage and incidentals	149 93	
August 24—Warrant No. 217 to W. N. Mundy, September *Quarterly*	275 00	
October 10—Warrant No. 218 to W. P. Best, supplies.	56 05	
November 13—Warrant No. 219 to Mutual Ptg. Co., stationery	31 25	
November 20—Warrant No. 220 to W. N. Mundy, December *Quarterly*	275 00	
February 20, 1912—Warrant No. 221 to W. P. Best, membership list, stationery, incidentals	64 10	
February 20—Warrant 222 to W. N. Mundy, March *Quarterly*	275 00	
May 25—Warrant No. 223 to W. N. Mundy, June *Quarterly*	275 00	2,342 91
June 1, 1912—By balance (cash on hand)		$1,859 63

Respectfully submitted,
E. G. SHARP, *Treasurer.*

PRESIDENT: Report referred to the Auditing Committee.

SECTION ON MATERIA MEDICA AND THERAPEUTICS.

Chairman, Dr. B. K. Jones, Kenton, O.; Secretary, Dr. J. C. Mitchell, Louisville, Ky.

The following papers were read:

Listen to the People. John Uri Lloyd.

Drugs and Drugless Methods. Dr. J. C. Mitchell, Louisville, Ky.

Macrotys. Dr. Florence T. Truax, Atlanta, Ga.

PROF. J. U. LLOYD: We have with us this afternoon one of my old friends, Professor Wilbur, of the Philadelphia College of Pharmacy. I would move that he be given the privilege of the floor, and whatever he may have to say, we will be glad to hear. (Seconded and carried.)

PROFESSOR WILBUR: I came here to hear and learn, and with your permission I would like to continue to listen to what you have to say.

Apocynum. Dr. R. L. Thomas, Cincinnati, O.

Section raised.

PRESIDENT: I appoint as a special committee on emblem Drs. Lee Strouse, E. G. Sharp and J. K. Scudder.

Adjournment until Wednesday at 9 a. m.

WEDNESDAY MORNING SESSION.

Meeting called to order by the president, and Dr. L. E. Russell invited to the chair during the delivery of the president's address.

DR. L. E. RUSSELL: We have listened to the most able paper that has ever been presented to the National Association. (Applause.) We all

knew our president was a fighter; now we know his pedigree. What shall we do with this paper?

Moved and carried that it be referred to the Committee of Delegates.

President Stephens: If there is no further business we will continue the section of materia medica deferred from yesterday.

Dr. B. K. Jones in the chair.

Xanthoxylum. Dr. Geo. W. Thompson, New York City.

Some of Our Older but Neglected Remedies. Dr. W. M. Durham, Atlanta, Ga.

Sisyrinchium, or Blue-Eyed Grass. Dr. Geo. W. Holmes, Sharps, Fla.

Section rises.

Dr. Best read a letter of greeting from the California State Society, with an invitation to hold the convention in San Francisco in 1915; a telegram of greeting from Dr. C. W. Brandenburg; a letter of regret from Dr. Kinnett, also one from Dr. M. M. Hamlin.

Moved and carried that a telegram of greeting be sent to the American Institute of Homeopathy, now in session in Pittsburg.

Section on Practice of Medicine.

Dr. H. W. Felter appointed chairman in absence of Dr. Silo. Secretary, Dr. W. F. Carson.

The Etiology of Cancer. Dr. C. Woodward, Chicago, Ill.

Paranoia. Dr. T. D. Adlerman, Brooklyn, N. Y.

Section rises.

Adjournment until 2 p. m.

Wednesday Afternoon Session.

Meeting called to order by President Stephens.

Section on Pediatrics.

Dr. Lambert, St. Charles, Ill., chairman; Dr. Florence Truax, secretary.

Measles. Dr. Florence Stir-Smith, Newark, O.

Measles. Dr. R. E. Holmes, Harrisburg, Pa.

Anemia of Childhood. Dr. Florence T. Truax, Atlanta, Ga.

Pediatrics. Dr. G. B. Bristol, Middleboro, Conn.

Follicular Tonsillitis. Dr. A. F. Carson, Berlin Center, O.

Infant Welfare and Sex Education. Dr. Edith Lowry-Lambert, St. Charles, Ill.

Section on Gynecology.

Dr. B. E. Dawson, Chairman.

Two Spots of Chief Importance to the Gynecologist. Dr. B. E. Dawson, Kansas City, Mo.

Adjournment until Thursday morning.

Thursday Morning Session.

Meeting called to order by the president.

BUSINESS SESSION.

Resolution offered by Dr. Munk in regard to the Owen Bill. Referred to the Committee of Delegates.

WHEREAS, The intents and purpose of Senate Bill No. 1, known as the Owen Bill, are so palpably in the interests of the allopathic school of medicine and against every other system of medical practice and would convey a decided power which might be used for oppression.

WHEREAS, All such attempted legislation is not designed in the interest of the people's health, but plainly for the purpose of putting the American Medical Association in absolute control of medical matters in the United States, eventually establishing a system of State medicine.

WHEREAS, Such an act would foster a medical dogma and block the wheels of medical progress.

Resolved, That as the National Eclectic Medical Association is strongly opposed to the passage of this or similar bills.

Resolved, That we endorse any and every opposition to the passage of this or similar iniquitous measures.

Resolved, That copies of this resolution be offered to the medical and lay press and be transmitted to Senators Owen and Smoot.

TELEGRAM FROM AMERICAN INSTITUTE OF HOMEOPATHY.

Pittsburg, Pa., June 19, 1912.

National Eclectic Medical Association,
Shoreham Hotel, Washington, D. C.

The American Institute of Homeopathy, assembled in its annual session, send warmest fraternal greetings, and its sincere hope is that your sessions may be highly successful and productive of great good to the medical profession and humanity in general. J. R. HORNER, *Secretary.*

REPORT OF AUDITING COMMITTEE.

We, your Auditing Committee, have audited the two books from June 1, 1911, to June 1, 1912, and find them correct.

(Signed) J. M. MULHOLLAND, M.D.,
S. J. STEWART, M.D.,
GEO. W. HOLMES, M.D.,
Auditing Committee.

Report adopted.

Resolution offered by Dr. Thomas in reference to printing the President's address was referred to the Board of Delegates.

REPORT OF COMMITTEE ON EMBLEMS.

Mr. President of the National Eclectic Medical Association:

Your committee appointed, concerning an emblem button, have to report as follows:

We recommend procuring a steel die to produce a gold and white enamel button, with plated screw and back, with design appropriately as follows:

At a cost not to exceed $75 per 100, to be distributed to members in good standing present at the next meeting, a record of same to be kept.

At a trifling expense, ribbons for annual use can be secured, which will be used in addition to the permanent button.

(Signed) Lee Strouse,
John K. Scudder,
R. L. Thomas,
Committee.

Referred to the Board of Delegates.

Resolution by Dr. Mitchell.

Whereas, Materia medica and therapeutics are the chief valid excuses for the existence of the various schools of medicine; and

Whereas, The American Medical Association has been bending all of its energies looking to an amalgamation with the subsequent annihilation of the so-called irregular schools of medicine, and with that object in view it has issued instructions to its representatives on the different State boards of health or examining boards to abolish the examining in these subjects of the applicants to practice medicine, hoping thereby to minimize the differences between the several schools of medicine; and

Whereas, Working under these instructions several boards do not at present hold examinations in these subjects and therefore cannot truthfully certify to the citizens of their commonwealths that the applicants who are granted certificates are qualified to practice medicine in all of its branches because they do not ascertain their knowledge of materia medica and therapeutics, the two most important branches of medicine; therefore, be it

Resolved, By the National Eclectic Medical Association, in convention assembled in the city of Washington in the year 1912:

First, that to combat the growth of medical nihilism a close study of materia medica should be insisted upon.

Second, that it does not help the patient if the physician can make a diagnosis of the case, however scientific, if he does not know what treatment to use.

Third, that this association call upon all Eclectics on the different State boards of health or examining boards to use their best efforts to checkmate this movement on the part of the American Medical Association.

Fourth, a copy of this resolution be sent each Eclectic representative of every State board of health or examining board in the Untied States, and demand that an examination be held in materia medica and therapeutics.

Resolution referred to Board of Delegates.

Resolution by Drs. Strouse, Lambert and Munk on Article III of the Constitution—Membership—is as follows:

This association shall consist of such members as are members in good standing in the several State Eclectic medical societies that are members of this association, and of such other members uniting independently from the States where there is no State Eclectic Medical Society.

State Eclectic medical societies in the several States, accepting the provisions of this Constitution and By-Laws of this association, may become members of this association, and shall be represented as follows: Each State Eclectic medical society that shall become a member of this association shall select at its annual meeting one delegate and alternate to represent them in this association.

Each Eclectic medical college recognized by this association, as provided in the by-laws, shall be entitled to one delegate. In States where there is no Eclectic medical society, individual members residing in such State may select a delegate from their number, and on their failure to do so the president of this association shall appoint such delegate. They shall meet and organize on the first day of each annual session, and shall be known as the Board of Delegates.

All such delegates shall present to the secretary of this association credentials from their respective societies, with the seal affixed; and in States where there is no society the representative shall present to the secretary of this association credentials from their respective societies, with the seal affixed; and in States where there is no society the representatives shall present credentials signed by the members who elected him, or by the president of this association. (Signed) LEE STROUSE,
R. J. LAMBERT,
J. A. MUNK.

Referred to Board of Delegates.

RESOLUTION FROM CONFEDERATION OF ECLECTIC MEDICAL COLLEGES.

WHEREAS, Certain State examining boards and the educational department in these States that have assumed the power to restrict, interfere with and make impossible for existence the smaller institutions, making unreasonable demands with such suddenness that it would be impossible for them to comply even if they had at command large sums of money; and

WHEREAS, We believe that many of these rulings, laws and ordinances are not only unjust but unconstitutional, the Confederation of Eclectic Medical Colleges therefore respectfully recommend the following resolution to this society:

Resolved, That the National Eclectic Medical Association, through its executive officers, be hereby authorized to levy a tax of one dollar per capita upon the membership of this association, in such cases as shall be recommended by the unanimous vote of the Confederation of Medical Colleges.

Referred to Board of Delegates.

REPORT OF COMMITTEE ON CORRESPONDING SECRETARY'S REPORT.

We commend the above report of Dr. Mundy and the efficient manner in which he has handled the affairs of his office.

We wish to congratulate him on the success he made of the *Quarterly* in a financial manner.

We suggest that reprints of 100 upon application be given gratis to all

writers of papers who are members of the National, and all over 100 be paid for by the writer at actual cost. (Signed) R. J. Lambert,
Lee Strouse.

Report adopted.

Report of Board of Delegates on Dr. Sharp's Resolution.

Resolved, That we, the Board of Delegates recommend that the treasurer of the National be instructed to notify all delinquent members that they will not receive the September *Quarterly* unless they remit delinquent dues. Said notice to be sent to the individual members after due correspondence with State officers.

Report adopted.

Report of Committee on National Organization.

To the National Eclectic Medical Association:

At the 1911 session of the National Eclectic Medical Association, in Louisville, on recommendation of the Advisory Committee, it adopted the following resolution:

Resolved, That we recommend to the association the appointment by the president, with the approval of the Executive Committee, of not to exceed five district organizers who shall devote not less than twenty days to visiting State societies in their sections and in necessary correspondence with Eclectic physicians to bring all of them into both State and National societies, traveling and other expenses limited to $200 each, or a limit of $1,000 for the ensuing year.

In accordance with this resolution the president appointed Drs. J. F. Sibley, of New York; J. Paul Harvill, of Tennessee; F. L. Wilmeth, of Nebraska; E. G. Sharp, of Oklahoma, and W. N. Mundy, of Ohio, and assigned to them their respective territory for work. Each one of them have put in more than the allotted time in the work of organization, and by continual correspondence with State officers and individual Eclectics have endeavored to lay the foundation for the accomplishment of that resolution.

In presenting to you this report, we have thought it best to combine our experiences and conclusions rather than give five reports. Your committee have faithfully performed their work and have endeavored to awaken an interest in Eclecticism in their several districts, with what success time only can tell. Local conditions producing differences and friction have been in several instances adjusted, and in others attempts made to do so. A vast amount of correspondence was done, and we believe nearly every Eclectic physician in the United States has been reached in some way.

We do not return to you in new members and their dues the amount spent in this work, but we feel conditions have been learned and a work started that should be continued and pushed and results will be gained as a result of our preliminary work.

The State societies of Colorado, South Dakota, Kansas, Nebraska, Arkansas, Oklahoma, Texas, Iowa, Wisconsin, Illinois, Ohio, Pennsylvania,

New Jersey, Massachusetts, Tennessee and Georgia have been personally visited by one or more of the organizers and efforts made to organize in States now unorganized. Basing our conclusions on our experiences we recommend to this association:

First, that our efforts toward a more perfect organization be continued, so that our year's work be not lost.

Second, to accomplish this we feel that this work can be accomplished by this body at much less expense to itself by enlarging the powers and work of one of the secretaries so that efficiency be increased; we have learned the local conditions that hinder our growth, and while we cannot immediately repay the National for this large expenditure of money by the dues of new men actually gained, we do feel that the way has been prepared for so doing.

Third, to assist in this work we recommend that the secretary be empowered to perfect his card index by such means as he can provide.

(Signed) J. T. Sibley,
E. G. Sharp,
J. Paul Harvill,
F. L. Wilmeth,
W. N. Mundy,

Section on Surgery.

Dr. J. B. Davis, Pontiac, Ill., chairman; Dr. W. L. Heeve, Brooklyn, secretary.

The following papers were read:

Surgery of the Intestinal Tract. Dr. L. E. Russell, M.D., Cincinnati, O.

Anchoring the Nephrocolic Ligament in Nephroptosis. Dr. W. L. Heeve, Brooklyn, N. Y.

Reducing an Enlarged Prostate. Dr. G. Allan Rowe, Buffalo, N. Y.

Ileus. Dr. F. L. Wilmeth, Lincoln, Neb.

Some Operations I Did Not Perform. Dr. B. E. Dawson, Kansas City, Mo.

Hemothorax. Dr. Florence Truax, Atlanta, Ga.

Antiseptic Surgery in a Country Practice. Dr. M. W. Hancock, Carrollton, Ga.

Section rises.

Report of Committee on Credentials.

Alabama.

J. N. Christian, Falco.
M. W. Eldridge, Dothan.
C. C. Beal, Ozark.
J. W. Danial, Midland City.

Arkansas.

M. C. Nixon, Smithville.
L. L. Marshall, Fort Smith.
M. T. Clay, Little Rock.
Robert Nicholds, Fort Smith.
R. W. Burlingame, Paris.
V. E. Duran, Hot Springs.
E. L. Sullivan, Poughkeepsie.
W. G. Choate, Hot Springs.
W. N. Wetherall, Garnett.
I. C. Ratterree, Little Rock.
C. D. Messinger, Hot Springs.
J. M. Crandall, Charleston.

California.

M. B. Bolton, Johnsville.

Robert E. Foley, Stockton.
Judson Litchfield, Ukiah.
Chester Hailstone, Los Angeles.
R. G. Schmiedel, San Francisco.
W. N. Mason, Lodi.
A. O. Conrad, Los Angeles.
Theodore Snypp, East Auburn.
Clinton Roath, Los Angeles.
R. O. Hoffman, San Diego.

CONNECTICUT.

F. B. Adams, Manchester.
Alice Lyon Fitch, Darian.
A. H. Hart, Unionville.

FLORIDA.

J. B. G. Smith, Sumatra.

GEORGIA.

John H. Goss, Decatur.
O. D. Adamson, Forest Park.
H. J. Dorsey, Pitts.
James A. Falkner, Jasper.
O. C. Godsmark, Atlanta.
J. H. Hammond, Enigma.
E. L. Harris, Marietta.
L. P. Baker, Atlanta.
J. J. Hembree, Walnut Grove.
J. F. Holt, Vienna.
A. B. Howell, Bronson.
H. B. Lee, Luxonnie.
J. L. Morris, Roswell.
S. G. Vryonis, Atlanta.
J. H. Weld, Griffith.
W. H. Warrill, Lumpkin.
F. P. Hudson, Rose Bud.
E. E. Brogg, Atlanta.
F. D. Salter, Alvaton.
G. Adolphus, Atlanta.
G. West, Carrollton.
O. Yolt, Atlanta.
G. W. D. Patterson, Atlanta.
S. B. Lee, Red Oak.
J. I. Hembree, Alpharetta.
O. J. Cowath, Alpharetta.
B. F. Akin, Fenkinsburg.
J. I. Brantley, Atlanta.

ILLINOIS.

F. M. Dattelzweig, Chicago.
D. W. Dunn, Duguoin.
E. H. Flinn, Chicago.
B. A. Griffith, Swan Creek.
J. R. Price, Chicago.
L. Shoemaker, Wyanet.
G. V. Whitney, Springfield.
C. H. Hulick, Mt. Sterling.
H. F. Killene, East St. Louis.
A. G. Mountz, Chauncey.
M. D. Henderson, Pleasant Plains.
E. S. Spindell, Springfield.
W. F. Scharre, Chicago.
C. W. Rounds, Chicago.
W. L. Johnson, Chicago.
A. W. Lindburg, Penn.
J. L. Shaw, Watseka.
J. P. Bennett, Chicago.
E. B. Lowry, Chicago.
A. L. Linquist, Stanton.
J. H. Corry, Geneva.
W. C. Manley, Franklin.
F. P. Stedem, Saybrook.
G. C. Tallerday, Belvidere.
D. P. Weaver, Avon.

INDIANA.

J. W. Gage, Indianapolis.
B. McWhinney, Union City.
John Harrod, Ft. Wayne.
J. H. Ashabranner, New Albany.
A. E. Rhein, Rosedale.

IOWA.

A. L. Lingist, Stanton.
R. Sutton, Shenandoah.
H. S. Hutchings, Des Moines.
U. A. Rice, Des Moines.
Eva Miller, Churdan.

KANSAS.

Myrtle H. Phillips, Kansas City.
John Allen, Eathan.
P. L. Lathrop, Olathe.

KENTUCKY.

J. M. Coffman, Owensboro.
J. P. Huff, Plummers Landing.
C. K. Beck, Smith's Grove.
J. W. Miller, Warnock.
F. L. Johnson, Livia.
L. Simpson, Lewes.
T. L. Fuller, Mayfield.
H. M. Alexander, Fulton.
Thomas Slayden, Fulton.

MASSACHUSETTS.

Frederick W. Derby, Arlington.
Charles E. Buck, Boston.
E. E. Racine, Everett.

MEXICO.

Theo. Bennedorf, Xiootencatl, Tampico.

MICHIGAN.

George W. Nafe, Fremont.
O. C. Russ, Lake Odessa.

MISSOURI.

H. L. Cornell, Hannibal.
George W. Tremaine, St. Louis.
T. A. Son, Bonne Terre.
W. E. Aubuchon, Franckley.
G. D. Harris, Jamesport.
J. W. Pruett, St. Louis.
L. W. Fowler, La Russell.
George W. Tracewell, St. Louis.
W. R. Harmon, Belleflower.
G. O. Wilhite, St. Louis.
H. A. Smith, St. Louis.
F. M. Nufer, St. Louis.
E. C. Roherback, Flat River.
R. J. Wiesner, St. Louis.
C. E. Feller, Lohman.
B. C. Hiner, Kansas City.
I. C. Taylor, Kansas City.
J. W. C. Boone, Kansas City.
L. L. Marshall, Kansas City.
W. C. Martin, Kansas City.
F. L. Morgan, Kansas City.
S. M. McCubin, Kansas City.

NEBRASKA.

O. C. Asa, Ong.
Frank P. Dwiggins, Lincoln.
D. S. Palmer, Holdridge.
J. E. Bowman, Loop City.
D. J. Bowman, Raymond.
O. J. Vallicott, Republican City.
R. L. Bentley, Lincoln.
J. B. Shrock, Broken Bow.
Samuel Metheny, Lincoln.

NEW YORK.

C. C. Wake, Ogdensburg.
D. E. Ensign, Courtland.
Max Abrahamson, Brooklyn.
B. C. Andrews, Flower Hospital, New York City.
F. J. Coliva, New York City.
H. Feld, Brooklyn.
H. D. Hanchett, Chittenango.
J. W. Phelon, Brooklyn.
H. C. Saunders, New York City.
James Steele, Brooklyn.
Robert A. Toms, Kenmore.
Victor Von Unruh, New York City.

NEW JERSEY.

W. H. Morse, Plainfield.
E. G. Jones, Burlington.

NEW MEXICO.

M. C. Leming, Thornton.

NEVADA.

John P. Martin, Reno.

OHIO.

R. C. Heflebower, Cincinnati.
L. W. Naus, Upper Sandusky.
Westley Van Nette, Clyde.
C. E. Ream, Bowersville.
H. B. Frederick, Sandusky.
W. H. Graham, South Charleston.
Clifford S. Wilmuth, Mansfield.
A. P. Basinger, Pleasant Plains.
A. M. Kyser, McComb.
B. F. Severns, Alger.
Mary E. Hauver, Jackson Center.
H. W. Behymer, Amelia.
J. A. Shirack, St. Henry.
A. C. Musgrave, Ohio City.
J. G. Sherman, Columbus.
Charles Davis, New Holland.
Homer A. Sutter, Round Head.
Victor P. Wilson, Cincinnati.
H. Bennett, New Lexington.
George E. Black, Rossburg.
J. H. Jenkins, Rushmere.
W. K. Ruble, Martinsville.
A. R. Russell, Hamler.

OKLAHOMA.

H. F. Zink, Tulsa.
J. M. Lee, Oklahoma City.
C. N. Shelton, Agra.

PENNSYLVANIA.

J. L. Robak, Conemaugh.

TENNESSEE.

L. M. Dykes, Bristol.
J. J. Allison, Bloomington.
R. L. Easton, Nashville.
J. O. Cummings, Nashville.

TEXAS.

T. W. Hughes, Houston.
N. A. Weiland, Balmorhea.
Charles O. Hook, Ft. Worth.
A. L. Armstrong, Ft. Worth.
Thomas Kirk, Jr., Portland.
M. W. Copeland, Loraine.
Mrs. C. A. Copeland, Loraine.

UTAH.

J. R. Gray, Salt Lake City.

WISCONSIN.

Wm. E. Jurdan, Eau Claire.
J. R. Young, Walworth.
J. B. Brewer, Jefferson.
E. B. Quade, Wauseau.
I. S. Thompson, Reedsburg.
F. C. Haney, Watertown.
F. E. Kraft, Milwaukee.
F. M. Hawley, Minocqua.

Moved and carried that the recommendations of the committee be accepted, and that those about whom they find any question or do not have necessary information be referred back to the State society from which they come.

Moved and carried that the Credentials Committee be instructed to take off the list the two names (from the New England Society) about which there is some dispute.

Adjournment until Thursday evening at eight.

THURSDAY EVENING SESSION.

Meeting called to order by President Stephens, the first number being a paper left over from the Section on Surgery.

Section on Surgery resumed.

The Surgical Results of Sexual Ignorance. Dr. R. J. Lambert, St. Charles, Ill.

SECTION ON OBSTETRICS.

Dr. C. M. Ewing, chairman.

Death in Utero. Dr. J. C. Mitchell, Louisville, Ky.

MISCELLANEOUS SECTION.

Internal Secretions. E. B. Shewman, M.D., Cincinnati, O.

Climatology. J. A. Munk, M.D., Los Angeles, Cal.

Adjournment until Friday morning at 9 a. m.

The report of the Committee on National Organization was adopted with the following recommendation:

That we recommend the appropriation of the sum of $150, and not exceeding $250, for the purpose of continuing the work of organization, said work of organization to be carried on in the office of the corresponding secretary.

FRIDAY MORNING SESSION.

Meeting called to order by President Stephens.

Report of Board of Delegates on:

Resolution introduced by Dr. J. C. Mitchell. Recommend adoption. Moved and seconded that resolution be adopted.

Resolution by Dr. Remy in regard to addresses of Dr. Thomas and others. Seconded and adopted with the following amendment:

That when the addresses of Professor Sibley, Professor Lloyd, Professor Thomas and President Stephens are published in the *Quarterly,* that it shall be stated in a foot note at what price they can be procured in pamphlet form.

Resolution on medical legislation presented by Dr. Munk. Moved and carried that the resolution be adopted.

Report of Committee on President's Address:

Your committee to whom was referred the annual address of the president, Dr. A. F. Stephens, beg to submit the following unanimous report:

After carefully reading and discussing each section and paragraph we heartily endorse and approve the sentiment therein expressed, and recommend that it be printed in the *National Quarterly*.

(Signed) J. P. Harvill,
J. A. Munk,
Morse Harrod,
T. Mulligan,
C. E. Laws.

Moved and carried to adopt resolution.

Report of Committee on Colleges, by Dr. B. E. Dawson, recommended for adoption by Board of Delegates.

Report adopted.

Resolution presented by Dr. Thompson as follows:

That a contingent publication fund for the purpose of advertising our meeting be set aside, not to exceed one hundred dollars, which can be drawn by order of the executive officers, the president, secretary and treasurer, and used at their discretion.

Referred without motion to Committee of Delegates.

Dr. G. W. Boskowitz: I move that in future meetings of this association the Committee on Arrangements be required to give a detailed report of their expenses for entertainment and such other expenses as they may have to incur, and that any surplus be turned over to the treasurer of the National Association.

Dr. W. P. Best: I think this motion is well-timed and I am very glad to speak in behalf of it. There has been in the past some misunderstanding concerning this very point. At the Kansas City meeting there was quite a sum of money raised from exhibitors; that money was collected by the Entertainment Committee and expended partly for our entertainment, but quite a little balance, something near $200, was eventually turned over to the Missouri State Society by mistake. That money did not belong to the State. It belonged to the National society. But the Entertainment Committee there, not knowing the custom of the National Association, put that money into the hands of the State society. Subsequently, however, when the matter was laid before the association by Dr. Scudder, the money was refunded. Through this mistake some difficulty and ill feeling has risen in the past. I think the doctor's motion should be sustained.

Motion carried.

Report of Committee of Delegates on addition to by-laws, Section 3. Amendment adopted unanimously.

Report of Board of Delegates of Dr. Best's report as secretary, as follows:

We commend the careful and painstaking detailed report of our recording secretary, Dr. Best, to our membership at large.

We urge that State society secretaries get in closer touch with the National secretary and help him perfect his present business methods.

We urge the State secretaries to try by every means to retain control of possible delinquent members, as well as securing new recruits.

We recommend that the recording secretary be paid a stenographer's allowance of one hundred dollars for the year 1912-1913.

Motion carried.

The report of the Special Committee on Emblem was by motion laid on the table.

Resolution offered by Dr. Truax is as follows:

WHEREAS, The five organizers appointed to do work of organization, unification and stimulation have at great personal inconvenience and expense carried well the work assigned to them; be it

Resolved, That the National Eclectic Medical Association, in consideration of their work, do herewith express our approbation and thanks for the work of these five men.

Resolution referred to Board of Delegates.

Recess until 10:30.

Following the recess the Board of Delegates presented their report on Dr. Boskowitz's motion in regard to funds in hands of Entertainment Committee, which is as follows:

I move that in future meetings of this association the Committee on Arrangements be required to give a detailed report of their expenses for entertainment and such other expenses as they may have to incur, and that any surplus shall be turned over to the treasurer of the National organization.

Motion carried.

Resolution of Dr. Truax, thanking the Board of Organizers for their work, adopted.

Resolution of Dr. Thompson in regard to contingent fund for publicity was reported by the Board of Delegates and adopted.

Resolution thanking the retiring officers, hotel management, entertainment committee and the press are as follows:

Resolved, That the thanks of this association be extended to our retiring officers for their hearty efforts during the past year which have resulted in such a successful meeting at Washington.

We extend our thanks to the Hotel Shoreham for many courtesies afforded us, also to our fourteen exhibitors who by their presence have enabled the committee on arrangements and entertainment to afford us the enjoyable afternoon at Mt. Vernon.

We extend our thanks to the four daily newspapers for the courtesies extended us by the press.

Resolution adopted.

DR. BOSKOWITZ: I move that the report of the Board of Delegates in

reference to all resolutions, reports and motions be adopted as a whole. Motion carried.

Report on election of officers and place of meeting as follows:

President—Dr. F. L. Wilmeth, Lincoln, Neb.

First Vice President—Dr. C. M. Ewing, Harrisburg, Pa.

Second Vice President—Dr. Mary B. Morey, Smiley, Texas.

Third Vice-President—Dr. G. V. Bristol, Middlebury, Conn.

Recording Secretary—Dr. Wm. P. Best, Indianapolis, Ind.

Corresponding Secretary—Dr. W. N. Mundy, Forest, O.

Treasurer—Dr. E. G. Sharp, Guthrie, Okla.

Place of Meeting—Dallas, Texas.

Moved by Dr. Boskowitz that this report be separated and acted upon, first the officers, then the place of meeting.

Seconded and carried.

Moved by Dr. Scudder that the report of the Committee of Delegates upon the election of officers be accepted. Seconded and carried.

Moved by Dr. Scudder that the report of the Committee of Delegates that the city of Dallas, Texas, be unanimously selected as the next meeting place, be accepted.

Seconded, and after considerable discussion, carried.

The next order of business was the installation of officers, Dr. L. E. Russell conducting the installation. In retiring Dr. Stephens said: "I appreciate all the help you have given me during the year, I appreciate your attendance here, and I believe I can say, we have had a splendid meeting. To you, Mr. President, to whom I am known as a knocker, I surrender my little gavel. Use it." (Applause.)

Dr. F. L. Wilmeth: I ask the personal assistance of every one of the members the coming year. England, on a time, said that she expected every man to do his duty, and I want to say that to all of you. Let each man do his duty. I thank you. (Applause).

The following resolution, presented by Dr. Hardy, amending the Constitution, was laid over until next year.

Add to Article III, Section 2:

"All sub-committees appointed by them, together with their time and place of meeting shall be posted." So that it shall read when amended: "They shall meet and organize on the first day of each annual session. All Sub-Committees appointed by them, together with their time and place of meeting shall be posted."

Final adjournment.

Ophthalmia neonatorum is a preventable disease. The responsibility for its prevention is medical and social. The medical profession should fulfill its part in eliminating blindness, without being subjected to humiliating legislation compelling physicians to perform their duty.—*Med. Review of Reviews,* June, 1912.

PRESIDENT'S ADDRESS.*

A. F. Stephens, M.D., St. Louis, Mo.

Ladies and Gentlemen: I desire, first, to express my deep appreciation and thanks for the honor you conferred upon me at our meeting last year, in electing me as your President, the highest office you could confer. It is only possible for a few men to attain to this office during a generation, which makes it the more to be desired. To be numbered among those who labor for a better and safer practice of medicine is to be enrolled with the greatest benefactors of mankind. To be a follower of those intrepid souls who, in the face of malice and calumny, and whose stout hearts were often pierced by poisoned shafts, yet who steadily and unflinchingly pressed forward in their chosen work, is to approach the sublime. I am glad to follow in the footsteps of men like King, Scudder and Howe and all those who stood shoulder to shoulder with them in their gigantic struggle for human weal. Accept this, my offering, in the spirit in which it is given and know that I have done the very best I could to carry forward the cause of Eclecticism.

According to your instruction last year, five district organizers were appointed for the purpose of seeking out those Eclectics who remain aloof from our associations and endeavoring to enlist them in our work. These officers have labored diligently during the year in their respective territories with tolerably good results when we consider the apathy existing in many quarters and the total disorganization in others. They have done splendid preliminary work which ought to be continued. We must fully realize that if we expect to secure the great body of Eclectic physicians as members of this association we must get in close touch with them, for it can not be done otherwise. To simply write to them asking them to join us will accomplish little, if anything. There is one way only and that is to get at them and keep everlastingly at it. I trust, therefore, that some plan will be again formulated at this meeting to continue the work which has only begun. Then I would urge upon our members, all, to give aid and assistance to the organizers in every way possible. I speak of this because of the fact, that in some instances during the past year these men have been met with coldness and informed that their services were not wanted, nor needed. Such an attitude ought not to be held by any one and should never occur again. The service of every man who enlists in the cause is needed and should be welcomed everywhere, in every state.

The activity of the American Medical Association among the younger members of the Eclectic school should be closely watched and its influence strongly counteracted, for this is a fruitful field in which that association works. It is here that it finds the soil for its specious and seductive arguments, and leads the unwary victim to think Eclecticism is on the wane and must soon pass into oblivion. We should reach these men early and do what we can to convince them that they are being wilfully mislead and their minds poisoned against their kindred. I speak from a knowledge of facts.

Reprints 4c each, per 100 $3.00, per 1,000 $7.50. Order of W. N. Mundy in September.

Let us be on the alert to counsel constancy and a determination to support that which we know to be right. Let us instill courage into the timid.

It has been proposed by the President of the American Institute of Homeopathy that a committee from that organization confer with a similar committee of our association for the purpose of devising ways and means for uniting our forces for the mutal protection against our common enemy; and to form plans for a propaganda of education concerning the principles of our respective schools in medicine. I therefore recommend that the succeeding president be instructed to appoint such a committee, to serve during the coming year.

I would recommend that an alphabetical list of our members, with their correct address be made, which shall indicate the age, college of graduation, the number of years of practice and the line of practice pursued by each; whether general or special, and if special, what branch; also all medical society affiliations. This could be done with the aid of the secretaries of the different state societies. The section officers meet with many difficulties in soliciting papers for their different subjects because of a lack of information concerning the kind of practice engaged in by members. The lack of this information entails upon these officers much unnecessary correspondence which could be avoided by the data above outlined. The expense and trouble of compiling would not be very great. Blanks carrying this desired information could be furnished our members, which by being properly filled in by them and returned to our secretary would give us a better understanding as to the condition of our school. All new applications should include this information.

I would recommend that each state society be instructed to elect at its annual meeting, one of its number of the legislative committee of this association and certify the same to the National Secretary. This would relieve the president of the responsibility of appointing, with the advice of the state secretaries, those who may possibly be unsatisfactory to their state societies and may lack the necessary interest to induce them to take an active part in the work.

I would urge upon the members the desirability, yes, the necessity for promptly responding to all communications from the National officers. They would not address you unless they had something of importance to communicate; and the ordinary courtesy of mankind should compel a prompt and cheerful reply.

Let me also warn you of the danger which besets the association from small internal jealousies of fault-finding, born ofttimes of local conditions, which we permit to interfere with our duty to Eclecticism. Let us learn well the lesson of charity and tolerance of the opinions of others. We must not forget that to err is human and not one of us is free from error. In our association here and elsewhere let us learn to give and take, and if the work is not going forward according to our notion, let us help by actively engaging in the deliberations of our societies. Should our ideas

not meet with approval and our will be defeated, let us accept the result cheerfully as the will of the majority and try again.

Please remember that the age in which we live is one of organization. No longer do men attempt to stand alone when seeking to accomplish the best results; or to protect themselves against organized wrong-doers; but by combining their forces become a power for good. If, therefore, we hope to perpetuate the noble efforts of our school in medicine we must submerge all differences, unite our forces and work for the common welfare. One may argue that it matters little whether he adds his strength to the organization or not, it will go along just the same, but let us remember the lesson given by the wise father to his sons. The bundle of sticks bound together resists all efforts to break them; disjoined and disunited, they may be broken one by one with the greatest ease. Thus it is with us. Joined together by the indissoluble ties of brotherhood and common interests we are indestructible. Separate and apart we may be broken on the rack of prejudice, and the results of our labors dissipated. Let us take the lesson well to heart and cast our lot with those who work for the glory and perpetuation of Eclecticism and the cause of humanity.

SOCIETY AFFILIATIONS.

At the risk of being condemned as narrow-minded I must touch upon the subject of Eclectics joining allopathic societies. Some of us are led to believe that we are asked to do this out of pure magnanimity of the allopathic heart, but are we? Let us see. Are we of so much importance in our community that the regulars stand in need of our influence? Is it not a fact that they seek to have us join their societies for the sole purpose of securing our science and destroying our influence as Eclectic physicians? Think you they do not know that once we have become members of their societies we are no longer in their way for we are then bound by the law of ethics to keep our lips closed. Is our vanity tickled by the privilege granted to us by the allopaths to enroll our names in the regular ranks? If so, we have failed to note the conditions imposed and when we fully realize what they are, our pride ought to receive a shock when we contemplate the stultification of our manhood made necessary by the requirement that we must renounce our school, that is, abandon our home and family before being admitted into their sacred societies. If there is glory in apostasy, then they will fill us with glory. If there is honor in meekly submitting to studied insult continuously heaped upon us, then those who abandon their brethren are full of honor. Recent expulsions of some of our members from regular societies because of their Eclectic affiliations should arouse our indignation if not our sense of shame.

Let us urge upon all to help us maintain our independence; for no one who surrenders it remains at the full stature of a man. Let me plead with you all to maintain absolute loyalty to the cause of Eclecticism, for there never was a time when we needed the support of every member more than now. There never was a time when the promise of success was brighter

than now if we stand manfully and firmly for our principles. Let us dwell in harmony with those around us. Let us not violate the sanctity of our neighbor's house nor permit invasion of our own. But standing firmly on the basis of honest convictions dare to assert our right to pursue our course according to our light. Let us awake to action and if in the past we have, through a sense of security, held aloof from our organizations, let us read the portents of the present, and taking renewed courage, resolve to join our brothers who are gathering the harvest, so that at the close of our professional career it may be said to us, "Well done, thou good and faithful servant; enter thou into thy reward."

EDUCATION.

That the Eclectic school in medicine was a pioneer in advocating a more thorough education for medical men, and has been a constant and staunch advocate of increasing preliminary educational requirements up to a reasonable degree for matriculants in medical colleges, is part of the history of Eclecticism. By reasonable we mean that which shall make the professional man broadly proficient and a scholarly gentleman without going so far as to raise the theoretical standard to a degree professionally prohibitive. In other words, I am sure all of us are willing to ask the future aspirant for a medical degree to first secure the literary degree of Bachelor of Arts before presenting himself as a matriculant in a medical college. I believe this is as far as we should go, as I do not think the profession of medicine is for the rich alone. In times past, few had the opportunity to acquire an education such as is here outlined, but in this age of opportunity no man who has the ambition necessary to fit him for the practice of medicine can object to this demand. To this it must come in time, and that time is not far distant. We do not deny that there are and have been in the past, many eminent men in our profession who were denied the opportunity to acquire a thorough education. But they were learned without being schooled. This, however, is no excuse for decrying an education in the new age in which we now live. Those who would be leaders in any line of thought should be willing to undergo an apprenticeship in acquiring the knowledge necessary to fit them for the work which lies before them. When educational advantages were not so great as now, there was excuse for lack of schooling, but in our time when the advantages are so abundant no one can offer a valid reason why he should seek entrance to a profession without a proper preparation for it. The doors of the colleges and universities stand open to admit the earnest, ambitious student.

As concerns the medical part of education, opinions may differ. Personally, I do not believe we should demand too long attendance at a medical college. I have contended that four years should mark the limit required of a medical student. A man who can not master the subject sufficiently in four years will not sufficiently master it in ten.

There has recently arisen, an academic dictator in close touch with organized wealth who presumes to regulate the course of all medical colleges,

and who even intrudes on our rights as therapists. This individual has no more knowledge of the actual practice of medicine than an expert blacksmith possesses of sculpture or painting. It may be a false impression on my part but I look upon the present crusade against established institutions as an attempt on the part of selfish interests to destroy the minor schools in medicine. The plan is to demand more than an unendowed college can meet and thereby discredit it. There is unlimited capital behind this movement, and it will require all our energy to successfully oppose its schemes. Let us then continue to uphold a just requirement while we oppose with all our might the prohibitive tactics of arrogant and selfish interests.

LEGISLATION.

Our forefathers were unalterably opposed to restrictive medical legislation, claiming that matters medical would always adjust themselves to the needs of the people. For a century or more the allopathic school in medicine has been insistent in its demands for laws to *"regulate"* the practice of medicine which, properly defined means the suppression of freedom for others. In the guise of humanitarianism and the ever artful "for the good of the people," these political doctors have blinded the eyes of legislators to the true motives underlying their demands until to-day, through the various state boards of health and examiners the allopathic political leaders are in absolute control of the practice of medicine. Made cautious, however, by the experience of the past, and partially aware of the ominous signs of the times, they are moving slowly, fearing that should their deeply-hidden schemes become apparent to the people the game they have been playing will be lost. Possessed of an arbitrary power conveyed to them by legislatures these boards make rules and regulations to govern the practice of medicine. They go even further and have assumed that they have the right to prescribe standards for medical colleges, with power to enforce compliance with their rules, or by placing the rebellious college on their discredited list force it out of business. Under these conditions they seem to hold the key to the doors of every college and can close them whenever they wish. Under the present rulings of the courts the colleges have not the right to appeal from the action of the boards. But with all the power they possess they move cautiously fearful that if they advance more rapidly their plans will miscarry. In their artful plea for higher education and better equipment and facilities for teaching they hide their real purpose which is to take away from the minor schools the right to exist. The evident intention, unless checked, is to destroy all opposition in medical practice and when the act is finished, to erect a statue over the grave of Liberty on which they would inscribe, "In the name of Science." Religious fanaticism committed its crime against humanity in the name of religion. Medical fanaticism commits its crime against mankind in the name of science.

Justice demands that each school in medicine should conduct its own

affairs without the aid, consent or interference of its avowed enemies. Composite boards of examiners made up almost entirely of allopaths are not conducive to the good health and longevity of the other schools of medicine. I do not claim the gift of prescience, nor do I claim to be a prophet, but it appears to me that which seemed but a shadow only a little while ago is now become a reality threatening in its aspect. There is yet a way to escape that which threatens. It is to carry our grievance to the people, and, through their representatives, have so much of the present laws repealed as grants to the dominant school control of Eclectics. This can be done *now* if a plain statement of fact is made both to the people and to the various legislative bodies. At the same time we would demand that laws be enacted which will insure to us the rights which are ours by granting us the privilege to regulate our own affairs and none other, and giving to other schools a like privilege because it is right. A further demand should be made which is, that the boards of medical examiners and boards of health shall be separate and distinct bodies, and that the latter shall be composed of professional, scientific and lay members whose real duty it shall be to labor for the good of the people and not solely for the aggrandizement of the selfish interests of the dominant school in medicine. This, briefly, is the plan I would pursue; and I am sure that once the true animus behind the present scheme of the American Medical Association is fully comprehended, the remedy will be forthcoming, and I feel sure that its effect will be specific. I am moderately certain that what the dominant school in medicine needs is a course of specific medication, both for its own good and that of the people.

We all desire the best that can be done for the people, of whom all the schools in medicine are a part. We deny that our big brother is incapable of committing an error, or that he is in possession of all knowledge, or that nothing of value exists or is being discovered outside his sphere of action. We deny the right of the majority to take away the rights of the minority. We hold that the welfare of the community does not rest upon the slavery of any portion of its members. We, therefore, demand the prerogatives held by free men. We refuse to accept either the imprisonment of mind or the limitation of effort. Our work is for humanity and we are ready and willing to labor side by side with all who are really and sincerely working for the people's benefit. In the evolution of medical practice Eclecticism has held no inconspicuous place in the past. It depends upon ourselves what place it shall occupy in the future.

ECLECTIC REMEDIES.

The two great branches of the healing art, medicine and surgery, are co-ordinate. By means of the former the inherent forces of the body are assisted to re-establish a correct balance of function. By the latter the offending part is forcibly removed. One is chemical and vital in its action, the other mechanical. Both are necessary, and each is complementary to the other. The dominant school (regular, so-called) now practically recognizes

but one branch—surgery—and has gone so far in that direction that it no longer teaches materia medica and therapeutics in its standard medical colleges. Owing to the brilliancy of surgical procedure and the undoubted advantage it has in establishing a professional reputation, because of its speedy and visible effects, we are witnessing the rapid growth of this branch of the healing art to the exclusion of medicine. In fact, the old school is now on the verge of therapeutic nihilism as concerns the efficacy of drugs.

The two branches, however, should be held co-ordinate, with the balance in favor of the medical side, for we know that the body forces are perfectly capable of correcting unbalanced conditions when properly and rationally assisted by medicinal measures. The question of operation should always be well weighed in the balance, and, whenever remedies other than mechanical are known to be adequate, cutting processes should be withheld. Whenever surgical interference is plainly demanded operation should not be delayed.

It has been so fully demonstrated that the products of nature exert an influence over animal organisms that no one may question their action. But, while we have learned much concerning the corrective effects of these agents upon unbalanced conditions of human life, we must not lose sight of the fact that we are as yet standing upon the threshold of therapeutic science. The future, however, is pregnant with the promise of a fuller knowledge of remedial agents.

Among the facts beyond dispute are that the vegetable kingdom holds many substances which are curative but of no decided physiological activity; and also, the further fact that there does not exist in nature a substance which may be accepted as a cure for any given disease as formulated after the old school synthetic plan. It is only by analysis of disease-expression and the application of remedies to the underlying or basic conditions that we may hope to master the subject of health and disease and restore unbalanced life activities to normal function. We are, however, advancing along the path of knowledge step by step, wavering and unsteady, it is true, but nevertheless we are making progress. Through the mist of receding ages we see the decayed forms of medical theories which have had their birth in the warped imaginings of dogmatic men. These survived for a time and died e'er they grew to maturity. Their corpses lie in the cloud-covered cemeteries of the past. These have all furnished their lessons and the wise take advantage of them. They serve as guide-posts to the future travellers along the pathway of scientific investigation. Profiting by the experience of the past we learn to avoid the pitfalls of error, of dogmatism, and of ignorance.

Let us consider then, some of the present-day facts as opposed to present-day theories. In the abundance of our American materia medica we possess a safe and kindly means for curing many and relieving most of the ills of human life. Thousands of competent, earnest investigators, working along the many avenues of medical research unknown to the leaders of

the dominant school, have arrived at the same indisputable conclusions. Certainty in the action of remedies thus has been so thoroughly established that doubt, to those familiar with our remedies, becomes a mark of ignorance. We now prescribe Eclectic remedies according to Eclectic principles with the positive assurance that disease phenomena will disappear under their remedial action.

Eclecticism, holding constantly in mind the safety and comfort of the patient, as well as the sacredness of human life, has steadily pursued her course toward success. Her remedial agents are derived from nature's storehouse, and, largely through the untiring labor of Professor Lloyd, who has devoted a lifetime of care to their evolution, they have been brought to a degree of perfection which renders them efficient, satisfactory to the physician, and not unpleasant to the patient. They are effective in doses small enough to avoid all poisonous action and yet large enough to accomplish the desired results. On the other hand, the dominant school studiously ignores the results of the earnest investigations of those who have studied the action of these natural remedies, and yet, ridiculing the investigators, has entangled itself in a multiplicity of unnatural artificial products that shock one's reason and offend one's intelligence. While it might be admitted that such products do have some influence over the processes of physical life, for there is no species of animal excretion or filth which has not, yet the concept is revolting to thinking men. It is the rankest exhibition of reckless empiricism the medical world has ever known. In the light of balanced judgment a verdict will be rendered against these products, as has been the case with all fads and fancies that have been introduced as "*regular*" in the passing along.

In making these comparisons let me say that thousands of physicians of the regular school are broad-minded enough, and thoroughly capable to investigate for themselves, and these men are indignantly turning away from the disgusting agents of the regular school and are using our remedies. They are more and more prescribing on the basis of specific medication and with the utmost success. They also have the courage of their convictions, and, in the face of their would-be masters, do not hesitate to offer their testimony in behalf of the medicines they have found clinically helpful. Their enthusiastic recommendations ought to fill us with satisfaction and spur us to increased labor to establish the practice of medicine more firmly upon the foundation of certainty which is scientific. To prescribe remedies, intelligently and successfully, for specific or basic conditions, means studious labor, close observation and unceasing care. To follow the popular old-school fad of to-day requires a syringe only, which is usually furnished with the original package together with the directions for using the contents.

The testicular juice which Brown-Séquard characterized as the long-sought elixir of life, and which inaugurated the great serum fad, has been discredited long since. The maze of serum therapy, embodying every abnormal liquid an infected organ can secrete, appalls him who thinks, and

must eventually pass with the testicle serum of Brown-Séquard into the limbo of discarded practices.

As at one time in the progress of the human race it was believed there was remedial viture in the macerated organs of the toad if captured at midnight in the dark of the moon; as at another, the new-born babe was compelled to partake of its own urine to ward off the jaundice; as at another, the lying-in mother was made to swallow the expressed fluid of the recently expelled placenta to prevent puerperal septicemia; as at one time meningitis was believed to be cured by decapitating a couple of fowls and binding their bloody heads to the soles of the patient's feet; as in times past, hundreds of such superstitious and filthy practices were believed to be potent remedies for disease, so now in this the twentieth century we are witness to a practice not dissimilar nor yet less illogical than those just mentioned. When our successors, anxious to read the history of medical thought and practice of the twentieth century, discover that some of us declared that an animal must first be made sick, then the fluids of its body be drawn off and administered to a sick person in order to cure him of disease, that inquirer will rank this twentieth century man, whatever his so-called scientific place to-day, little, if any, above those of the preceding barbaric age. May it be hoped that in that faraway future the eyes that are turned backward to obtain a glimpse of the past will not discover the stamp of Eclecticism upon any of these unworthy things. May they find instead the motto *"Vires Vitales Sustinate,"* and learn that her votaries supported it with natural, clean, kindly-acting remedies, compounded by nature in her own laboratory. May they learn that we never resorted to the cruel torture of millions of helpless animals, nor sacrificed them on the altar of a false theory; that at the bedside of suffering humanity we studied disease expression and disease cure and read, as upon an open page, the tragedy of human ills; and perceive how, with patient and unremitting toil, learned how to restore the patient to health by methods that were kindly in their action and effective in their results.

A COMPARISON.

A comparison between our methods and remedies and those of the boasted "regular" school is extremely gratifying to us. We study disease at the bedside and there test and prove our remedies. Allopathy shuts herself in a menagerie and there experiments upon helpless animals, poisoning and torturing them with various kinds of disease products. While we observe disease phenomena in man, with a view to correcting them with kindly remedial agents, allopathy experiments upon the lower animals, that are not ill, with pathological products derived from disease elements. While we are proving the positive curative action of innocent drugs, allopathy is proclaiming to the world various products derived from the secretions of its poisoned animals. While, as time goes on, our discovered facts become more permanently established, allopathy is proclaiming new serums to the world only to disclaim them a little later on. While the verities of specific medication

become each year more and more apparent and our practice approaches more nearly to a science, the alterations of time only increasing its scope, allopathy leads its followers into a world of confusion where they flounder for a time amid discord and contradictions and then abandon what it just proclaimed as "the only thing worth while." While Eclecticism patiently pursues her course, adding new facts year by year, allopathy startles the world by its announcement of sensational fads exploited in the daily press. Now it is some new serum made up of dead infinitesimals; again, it is a marvelous "606," heralded as the supreme eradicator of the sorrows of Job; the conquering hero Pelides which is to overcome the Hector of sexual sin. But lo, within a few months the heel of this warrior is stricken, "606" is disabled and its glory gone. Having taken its toll it will rest from its devastations, discredited, discarded, and almost forgotten, except by its victims and the fakers who prey upon the afflicted. What was said of Eclectic medicines fifty years ago is true to-day, and will be just as true fifty years hence, because their curative properties have been established in accordance with an immutable law of nature—"Like causes produce like effects." While we, by intelligent observation and studious care, have accumulated an abundance of means to cure the sicknesses of mankind, and can employ them with a feeling of confidence, allopathy, by reason of its wanderings, possesses only a dearth of remedies with scarcely a touch of certainty as concerns their application.

The star of allopathy is seemingly receding to its setting and its last rays are falling upon the *stable*, the *slaughter-house* and the *dye-works*. The products that issue from these constitute the forces by which allopathy now seeks to prevent and combat disease. This traffic in serums and by-products present two aspects: One, the danger to human life; the other, the revenue flowing into the coffers of the producers of these products, which are extremely expensive, some of them costing many dollars for a single dose. As a result, the poor are robbed of their hard-earned wages and the medical profession is being forced into poverty. But that does not concern the owners of the stables, the slaughter-houses and the dye-works.

Let us look a little further into this matter. The leaders of the old school being blind leaders of the blind, fall into the ditch at almost every turn; then, having led their trusting followers into the quicksands of error, they abandon them without mercy. Now, the allopathic practitioner of the rank and file is being discredited by his teacher, who does not hesitate to brand him as incapable of judging of the action of remedies.

Eclecticism is not responsible for the discredit into which a part of the medical profession has fallen. What is our duty then? Knowing the certainty with which our practice is accompanied it is plainly our duty to press forward. Never are we discredited by our leaders, nor led into a mistaken course and there abandoned. Possessing a materia medica so superior to all manner of changing fancies, it is our duty to push on, as did the fathers, in spite of the aspersions cast upon us. Realizing that our methods are be-

coming more firmly established as the years pass by we have nothing to fear. It is our pleasurable duty to take pride in what we have accomplished. Although we may be calumniated and pointed at with the finger of scorn, as have all minorities crusading in behalf of the people's welfare, yet the work we do will live after us, becoming increasingly useful, scientifically beneficial and broadeningly educational. Our hands are on the plow, let us look not backward.

THE INDISCRIMINATE USE OF DANGEROUS DRUGS.

I am impelled to take notice of the alarming increase in the indiscriminate use of dangerous drugs, by both the profession and the laity. To specialize, I may mention the habit-forming drugs, such as opium, morphine and cocaine. Then the various pain-relieving drugs among which acetanilid, phenacetin and aspirin are prominent. These life-destroying agents are often dispensed by druggists over the counter as freely as staple articles of diet are sold by tradesmen. Who is to blame for this condition of affairs? The primary guilt lies at the door of the men who are now clamoring most loudly for the privilege of becoming the official protectors of the people's health. Ignorant of safe and effective remedial agents to combat disease, they have resorted to the dangerous compounds, which by overpowering sensibility, cause the sufferer to forget his pain. Pleased with what he imagines to be so prompt a cure, and unaware of the danger he incurs, he seeks a knowledge of the drug which so quickly relieves his suffering. He gains it and next hastens to the corner drugstore where he readily secures a supply of the pain-reliever for future emergencies. This drug evil has become so widespread that we may say, we are a nation of drug habitues. Observe the mortuary reports of today and compare them with those of twenty-five years ago. Notice the startling increase of deaths from heart disease and allied ailments. Look into the faces of men and women, misled by the reckless dispensers of habit-forming drugs, and learn the appalling lesson of ignorant prescribing. If the use of these dangerous body and soul destroying agents is continued, we may look for a race of degenerates.

What is the remedy then? My answer is, strict supervision over the sale of all narcotic and pain-relieving drugs. For evasion of the law revocation of license to carry on the business of selling drugs. Nor should the physician who prescribes them indiscriminately escape. The doctor who does so should have his license to practice medicine revoked. If the political doctors who are so incessantly howling for restrictive medical legislation and at the same time villainously slandering all who oppose their selfish schemes, really desire to promote the public health let them cease their warfare upon helpful methods of cure and exert themselves in combating this evil which they have been instrumental in fastening upon the people. If these political schemers will engage in a real constructive work in the interest of the people by lending their aid in suppressing this evil, together with its serum fallacies, its fear-impelling propaganda and many other things too numerous to mention, we could then extend the

hand of fellowship and join our forces with them in the interest of all. Let them wipe out the blot of degradation which they have been instrumental in bringing upon the people; the censure which they have brought upon the profession as a whole, and which is driving the thinking people into bitter antagonism against all forms of medication.

I offer this protest in the name of this association, and trust that a strong resolution condemning this deplorable practice, this blot upon our civilization, will pass at this session. Let us labor for the conservation of the public health, but in a manner that will accomplish a real good and not simply for the purpose of securing political places to serve our own selfish ends. This practice, to my mind, is the crime of the age. Let us then do what we can to overcome this evil and restore our people to normal manhood and womanhood. Let us do what we can for the unborn children of the race. In this we but follow in the footsteps of the Eclectic fathers of old, who in their fight for a better practice of medicine and against allopathy, made the morphin and opium curse a prominent feature of their warfare.

THE ENCROACHMENTS OF ALLOPATHY ON THE RIGHTS OF THE PEOPLE.

It is to be deeply regretted that the leaders in the dominant school of medicine, by their passion and lust for power, should seek increasing encroachments upon the common rights of humanity and thus invite the condemnation of the medical profession by large numbers of the American people. In its mad attempts to destroy all opposition to its passing theories and changing practices it fails to realize that it is destroying the respect the people have had for the heretofore honored profession of medicine; and that millions of people who once regarded the doctor with confidence and love, now look upon him with suspicion and reject his ministrations. As a result of the attitude held by the fanatical politicians of this branch of the medical profession toward other methods of treatment including those of their own army of practitioners who are independent in their researches, we are witness to-day to the spectacle of large numbers of people in active, agitated and keen opposition to the practices of the regular school. This antagonism of those of the people who are familiar with the ideals and methods of practice of the different schools of medicine is not held however, against Eclecticism, because the principles are deep-laid in the matrix of human freedom; her medication is kindly and certain in its action, conservative in its methods and curative in its effects. Nor have her leaders or her practitioners ever sought to force her doctrine or her drugs upon an unwilling people. Above all she has never sought the strong arm of the law to ostracize a brother of another school or suppress a rival. But we must not overlook the fact that the tenets of Eclecticism are unknown to many good people, and that we must therefore suffer to a degree for the sins of others. It therefore, behooves us as Eclectics, to do all we can in every honorable way to enlighten the people concerning our practice. We must make it plain to them that our methods are open to the world and are edu-

cative in their conception. We should strongly deny participation in the attempted forcible invasion, by law, of the most sacred precinct in the domain of human rights—that of caring for our bodies and protecting them by those means which appeal most strongly to our judgment as being the safest and best.

It becomes our duty then, to choose between two contending forces. On the one hand, a dogmatic organization led by a few men characterized by a blind infatuation with their own importance, coupled with a determined effort to compel acceptance of their dicta; an organization mad with intolerance and bigotry; an organization obsessed by the hallucination that it is possessed of all knowledge and hence imbued with the spirit of the Inquisition, backed by the arrogance of infallibility, it would torture truth and righteousness, and by oppression would destroy the very foundation of personal liberty. On the other hand those people, collective, who deny that any organization or combination of men can have the right, by law or otherwise, human or divine, to dictate to their fellowmen the manner or method by which they shall live in their homes and preserve their bodies in health or treat them when diseased. On the one hand, we see a self-constituted authority which, from selfish and sinister motives would fasten an abhorent medical dogma upon mankind; on the other an aroused people urged by an altruistic optimism struggling for liberty and the common rights of man. We must choose then, one side or the other of these two contending forces. Eclectics must either renounce the principles upon which their school was founded; renounce that immortal principle of government which guarantees to every one the right to life, liberty and the pursuit of happiness, and join the oppressor, or standing firmly upon the principles of right and justice, cast their lot with those who endeavor to be free and who labor for human advancement as well as the disenthrallment of men. We stand at the parting of the ways and must choose our field of action, unless we are content to remain neutral and inactive while the battle for liberty is being actively carried on. Not so, however, did our fathers whose cause is our own. Therefore, "choose ye this day whom ye will serve; for no man can serve two masters. Ye can not serve both God and Mammon." For myself, there is only one path which is worthy to follow. It leads to liberty and justice; to the common rights of man. Eclectism should ever plead for justice; for equal opportunity for all. Eclecticism should stand forever unalterably opposed to special privileges and power for the few at the expense of the many. It should ever lend its aid in furthering the destruction of the Bastile of medical intolerance, bigotry, and oppression which is being reared by selfish interests to confine the expanding thought of the world. The time is tense with human feeling which is bound to arouse the dormant to action. Mankind is awaking to new conditions. The social status is changing and men and women everywhere are asking, what of the morrow? Let us, too, awake to the new opportunities which present themselves, and actively engage in the work of reconstruction. Let us continue to aid in

breaking down the prison-house of thought, while we reject and oppose all that would bind the chains of slavery upon the minds of men.

THE PUBLIC HEALTH.

The health of the people will always be a matter of common concern. The success and perpetuation of a nation depends largely upon the physical and mental activity of her people. Hence, no intelligent person will object to the employment of all necessary measures to conserve the health of the people as a whole. Means and methods, however, may constitute a subject upon which there can be an honest difference of opinion. Motives also must be considered.

Twenty-five years ago the aims of the American Medical Association were diverted from their original purpose by an idea evolved in the minds of the leaders in that association. This idea was to establish a National Bureau of Health with one of its number as its head. For this quarter of a century these leaders have schemed to this end; not that they seek to benefit the people, but for the sole purpose of furthering their own selfish ends.

In their legislative dreams the political managers of the American Medical Association could see themselves in absolute control of medical practice in the United States. With deep satisfaction they have counted the gold that was to come into their hands from the public treasury. The vision of state-enforced medication with all that it implies to those handling the funds has rested constantly before their eyes. Greedy for power, with their palms itching for the gold which continuously faded with the dreams, these politicians have stooped to every political artifice to gain their end and now with hosts marshalled before Congress they call upon the people to surrender to them this valuable franchise. But in their march to the Capitol they have overlooked a very important fact—the people. Encountering a strong opposition they are compelled to fight. The battle is on and the conflict is raging furiously, but the people's representatives at Washington are still unshaken. The opposition to its schemes grows more determined as the public begin to realize that once entrenched behind the bulwark of the law, the American Medical Association would chain all the people to its dogma while it enriched its leaders from the coffers of the Government.

Made desperate by the opposition with which they have been met, the political doctors neglect not to impugn the motives of others. Thoroughly corrupt in their political schemes they attribute corruption to all who oppose. Possessing no valid argument for their demands upon the Government, they seek to draw attention from themselves, by slandering and defaming the character of others. They hesitate not, to sink themselves to the level of the debased. Dishonest themselves, they maliciously attribute dishonesty to others and declare that those who oppose their schemes as a whole are enemies to the State and inimical to the welfare of the people. I refer to the political leaders and their dupes; not the rank and file of that organization. I believe I voice the sentiments of all who hear me when I say, that

no class of men, no school in medicine, no individual is more deeply interested in the people's health than ourselves. If we were not thus possessed by ideals above those of the dominant school we would cease to oppose the methods of the American Medical Association, and would leave the people to its repulsive and destructive medication. But we are vitally interested in the people's welfare, and are in favor of doing all we can to protect their health. We do not believe this can be accomplished by forcing upon the public the opinions and methods of a governing class while destroying the honest labor of others. We are not opposed to action within legitimate lines, for we believe that within certain limits the Government should energetically act for the public protection. But we do not believe those limits should extend so far as to invade the rights of the States or abrogate the rights which are delegated to them by the Constitution. We do not believe it is to the interest of the people to expend millions upon millions of the public funds to publish and distribute documents setting forth the theories of a class who are wandering in theoretical experimentation and are uncertain as to the value of the very theories they announce. We do not believe it would be to the interest of the people to grant such a class the power to limit the number and kinds of agents which may be used to conserve their health; much less when such agents are known to be the most harmful drugs or habit-forming, baneful agents. These men have no right to fix a therapeutic standard for all men to observe. It is a well-founded impression that the scheme of the American Medical Association contemplates all these and more. The American Medical Association not only seeks the power to prescribe what shall constitute a physician's remedy, but what shall not. It is known that it advocates what we believe to be harmful, repulsive medication and ostracises the kindly class. Through the distribution of its literature, it intends to discredit the physician who would dare go contrary to its dictates as it also contemplates penalizing those who disobey its rules. It has already gone so far as to attempt to artificially standardize our remedies, and to discredit those long established as clinically invaluable, especially those introduced and in use by Eclectics. It has also proceeded to the point of interfering with the physician's private practice by visiting his patients and condemning his methods if they do not agree with its own.

I would, therefore, caution you to beware of the end of this movement. Be not deceived by plausible arguments and honeyed words. Satan, you remember, attempted to seduce the Master in a somewhat similar manner. The leaders in the American Medical Association love us no more than Satan loved the Man of Galilee, and they would destroy us with as little compunction. Beware of the touch of the invisible threads of the spreading net designed first to entangle, and next to engulf you. They love not more the graduate physicians of their own sect who are men and purpose to think for themselves than they do us.

Let me again state with emphasis, that I have not in mind those thousands of honest, broadminded physicians of the dominant school who are will-

ing to grant to others all they claim for themselves. The fact is, they have as much or more to fear from their masters than have we. I refer to the artful, leading politico-medical experts who are playing politics for their own ends. Let the public health measures be what they pretend to be. Let no clique dominate them. Let the medical politician be kept out as also should the inexperienced man of academic schooling.

Shall we submit without a protest to encroachments upon our rights which, as physicians and citizens of a free country, we must abhor? Knowing the history of the leaders of the American Medical Association, we are acquainted with their motives. Knowing their hatred toward other schools of medicine it is not difficult to fathom their designs. Therefore, I oppose them, and shall continue to oppose them until justice is assured and equal opportunity is secured to all, whether practitioners of their own school or others on the outside. Let us then, faithfully support everything that may be done for the public good, but let us protect the public in its rights. Let us condemn and oppose with all the power at our command, everything attempted from sinister motives, and all that is plainly not in the interest of the people. Remember, I oppose nothing designed to serve the health interests of the people, but measures designed as instruments to oppress the Eclectic physician and suppress his right to therapeutic freedom.

ECLECTICISM'S GREATEST NEED.*

R. L. Thomas, M.D., Cincinnati, O.

It is not necessary at this time to review the history of the Reform School of Medicine nor to recapitulate the many persecutions she has had to encounter during the eighty-five years of her existence nor the various methods used to eliminate her as an independent school, for they have all failed and the twentieth century finds Eclecticism numbered as one of the three great schools of medicine.

To-day, however, she is really facing for the first time, a crisis. For the first time we find *organized power and wealth* marshaling their combined forces to eliminate her colleges, realizing that if they can succeed in this, it will be but a very short time until the school is eliminated. The great menace to all independent schools in the persistent effort of the American Medical Association and Carnegie Board, organized interests, to crowd out all independent systems of medicine, by closing all independent medical colleges, or what they choose to term commercial or private ownership of medical colleges.

Their decree, "Public or State control of medical colleges," has gone forth and we must face the issue. To the people, who do not understand the object of these antagonisms to independent medical colleges, their efforts are applauded, for under the guise of humanitarianism, their constant cry is advanced medical training. The American Medical Association has

* Reprints 2c each, per 100 $1.00, per 1,000 $3.25. Order of Editor W. N. Mundy in September.

delegated to itself the authority of saying what this advanced medical training shall be, what shall be taught, by whom it shall be taught, and the manner in which it shall be taught.

The Carnegie Board also assumes the authority to classify all medical colleges, seldom classifying an independent college in the first grade.

These self appointed bodies are making new demands with each recurring year, in fact they only wait until their arbitrary demands are complied with, when they at once demand further requirements. At first they demanded new buildings and laboratory equipment; then they assumed to prescribe how many instructors should be engaged who should do nothing but teach, the number designated being not less than six, and some of these self constituted authorities on medical education are going so far as to say how much these instructors shall be paid and if the college does not pay the salary stipulated they are refused classification in the first grade. They are now agitating hospital ownership for colleges. At a meeting held in Chicago last February, President Dabney of the Cincinnati University, said: "We are all opposed to private control of institutions for medical education, either by private individuals or private corporations, and are in favor of *public* control, and by this we mean more than State control," and Prof. Littig in his address before the Iowa State Medical Society says, "There are too many medical schools—too many commercial medical schools, and consequently too many doctors, especially too many that are graduates of commercial schools. The remedy suggests itself—first of all is to lessen the number of medical schools, and to eliminate *all* of the commercial schools. There is no other possible solution."

Along with this endeavor to regulate all things medical, is the effort of the dominant school, through the medium of the Owen bill to establish a National Health Bureau which would in its logical evolution mean the ultimate destruction of those not in conformity with its mandates. The Homeopaths see this great menace to liberal medicine as will be seen in Dr. Paul Fletcher's address before the Missouri Institute of Homeopathy in which he says, "In this the only real republic that has existed upon the earth, the creation of a department of the federal government, to which is to be delegated the power of medical life and death through the operation of a departmental fiat, is both repellant to our free institutions and a monstrous innovation. Homeopathy, as an organized school is at this very moment fighting with its back to the wall—battling for its very existence. The allopathic school, having failed to annihilate us with ridicule and abuse, now seek in two ways to destroy us: First, by extending the olive branch, consisting of an invitation to affiliate, as individuals, with them, after first as a matter of course, forswearing everything that we hold and know to be true as Homeopathists; and second, by legislating our school into outlawry by elevating their own creatures into the seats of the mighty at Washington. This national program of our 'friends, the enemy,' is the most sinister and adroit effort which the reactionaries of medical practice have ever attempted."

Now what does all this mean? Does it mean advanced medical education or does it not mean medical monopoly? The independend schools are perfectly willing to meet any advance that means better qualified physicians, but this constant agitation does not tend to bring about this desirable end. The constant demands of the American Medical Association of the various State boards to raise entrance requirements, so that only college-bred men may study medicine, together with other burdens which they are constantly advising, works a hardship on the smaller college and cripples its usefulness by reducing the attendance, thereby reducing its income and in time forcing it to the wall. The great menace then to the independent medical college is lack of funds. With the equipment demanded of modern medical education no college can do its best work from the income of its student fees alone. Every college in the land has had to increase its income or go to the wall. A few weeks ago the last Physio-Medical college closed its doors. If our school is to exist our colleges must be as good as the best and this means more money.

"All that a man hath will he give for his life." Now, how much will you give for your professional life? Do not imagine for a moment that in this college fight only the colleges are interested. Your very life depends upon the success of your colleges. Let the great organization that is seeking to crush out all colleges but a select few succeed, and how long do you suppose you will be allowed to practice? Having succeeded in legislating as to what colleges shall exist, what shall be taught and by whom it shall be taught, it will be a very short step to enact laws specifying who shall practice the healing art. Organized money can do almost anything. Destroy your independent colleges and you destroy your independent schools. We must have money. The Homeopaths see the threatened destruction and are unitedly contributing their money in endowing their institutions. The Hahnemann College of Philadelphia has raised an endowment of a half-million dollars and their college in Boston is raising a million dollar endowment. What shall or will the Eclectics do? It is *absolutely necessary* that we do something. Every Eclectic college, to succeed, needs a $50,000 endowment or its equivalent for the next five years and will need a $100,000 endowment or its equivalent in ten years.

Perhaps the most feasible plan to secure a perpetual income is to secure from each loyal alumnus an annual payment of $10, or more, so long as he remains in active practice. Let every Eclectic practitioner be so loyal to his old college as to be an annual contributor. All can give at least $10, and some can give $25, and some $100, annually. All that Eclecticism needs is the enthusiastic loyalty of her children and the money will be forthcoming. The crisis is here, are we as a school going to meet it? I believe that all that is necessary is to show you the needs of the hour. Will you rise to the occasion and by your loyalty and generosity meet the issue? I believe you will; if so, sign blank similar to the one on next page and mail to the secretary of your old college:

.....1912.

.....M.D.

Secretary of .....College.

Dear Doctor:

In order to increase the efficiency of the teaching at the.....
.....College, I pledge myself to pay.....
Dollars annually, until I notify you to the contrary, towards a fund to pay for additional laboratory instructors and equipment.

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LISTEN TO THE PEOPLE!*

John Uri Lloyd, Phar. M., Cincinnati, O.

A RETROSPECT.

In reviewing the record of medication in America one perceives, curiously enough, that there has ever been an effort by the people to resist the extremes of professional methods. The crusade against these extremes is not yet ended.

Strange as it may seem, whosoever will balance facts, will find a people trusting the medical profession, and yet fearing the results of some of the most pronounced methods of that profession; a people ignorant, as a rule, of therapeutic details, and yet suspicious of, and lacking confidence in the methods and practices of those to whom therapeutic medication should necessarily be entrusted; a people who, in large part, from the time of the opening of America to the present day, seem to have felt that laws widely heralded as for the benefit of medication, are as a rule intended to further the personal interests of the practitioner of medicine, or their political leaders, and that too often their efforts are in opposition to the best interests of the people. Unfortunate is it for both parties when such methods of distrust prevail!

But the object of the speaker is not, to-day, to enter into a discussion of conditions that cannot but be apparent to whosoever will study the methods of the past. His aim is rather to bring before our society certain features connected with our own responsibility and our practice, that in his opinion need be carefully considered, and over which we must reflect most carefully and most earnestly. Let us, then, with this brief introduction, refer those interested in the details of these movements in the past, to the speaker's address before the Philadelphia College of Pharmacy, in 1910,[1]

* Reprints 3c each, per 100 $2.00, 1,000 $5.00. Order of Dr. Mundy in September.

1 "Concerning the American Materia Medica," by John Uri Lloyd. Delivered before the Philadelphia College of Pharmacy, November 4, 1909, and published in the American Journal of Pharmacy, January-February, 1910.

and pass to the features of American therapy that today concern the public and the profession at large, as well as the Eclectic school of medicine.

BEGINNINGS OF THE ECLECTIC SCHOOL OF MEDICINE.

The ideals that possessed the early Eclectics were bred of an effort to unite with and benefit the people by the evolution of a system of medication more kindly than that practiced by therapeutic "authority" of that date. In this process the Eclectic accepted that much of the medication employed in the curing of the ills of mankind by the licensed physicians of that time was cruel and illogical, being largely complicated with traditions and errors born in the European past. Close linked was it all with the "devil" conception; diseases were considered as devilish entities to be driven out by greater devils—heroic must be the medicine that could expel these Satanic afflictions. As an outsome of this belief, the Eclectics sought, as investigators, for substitutes in the objectionable directions, for more kindly processes and more kindly remedies than were then commended by teachers in licensed (so-called *regular*) colleges. Nearly one hundred years ago came this movement, in which was bred, as a resister to the then prevalent cruel medication now happily a thing of the past, the school now known as "Eclectic." It commenced in a mighty rebellion of the people, as has been briefly indicated. But, in this rebellion, let us not overlook the fact that *the people* were not passively concerned in the outcome; they became aggressively on the offensive. Their opinions were, however, "irregular," and were energetically resisted by medical "authority," which believed the people to be incapable of comprehending the processes of disease and methods necessary to its treatment, in which the profession had been systematically educated.

However, the call of the protestants became throughout the entire United States a crusading movement, which was not altogether without professional sympathy. Many observant practitioners, and occasionally even talented teachers in licensed and authoritative medication, perceiving much justice in the cause in which the protestants were involved, took part in the struggle, sometimes even to a distressing effect concerning their own standing in their profession. For, be it known, so heated were the discussions and so pronounced the opinions of those concerned in medicine in those days, that when a physician, be he ever so talented, became tinctured with "therapeutic heresy" his brethren considered it their duty to expel him from society affiliations and to excommunicate him from professional associations. Nevertheless, as has been said, many physicians of those days comprehended the fact that an insidiously progressive revolution had arisen, in which the processes of "authority," enthroned in the old world, and dominated by rules and ideals foreign to American ideas of human liberty, needs be resisted by all concerned in the welfare of the people.

The revolutionists believed, furthermore, that the American wilderness carried unknown opportunities in the direction of a new materia medica and a better therapeutic practice. They believed, also, that therapeutic and even professional evolution in these directions could not progress under the

rule of European processes and foreign "authoritative" restrictions of liberty of action. Such talented men of the old school as Barton, Zollicoffer, Rafinesque, Tully, Waterhouse and others whose names need not be mentioned, and who have never been known as Eclectic crusaders, served a good purpose by their contributions to materia medica studies, in such institutions as the University of Pennsylvania and Harvard College.

However, a few only such as these became publicly identified with the people's cause, which, as has been said, came into existence as a protester against certain forms of wrong, *not* as an antagonist to the physician or to medication. Too often its adherents were uneducated, again they were fanatically prejudiced, and had no conception of the systematic processes by which the cruelties could be displaced, but too well did they comprehend the terrible results of some of the methods of licensed practice, even in their own families. Thus the physician of that period was by these people often opposed, *as a physician;* the whole practice of legalized medicine "by authority," as the rebellious part of the people looked upon it, being a mighty wrong, a cruel infliction, protected by right of licensed might, which, instead of being helpfully directed to alleviate the ills of mankind, was bound to traditional cruelties and turned against the health and even the lives of the people. The good was ignored, the bad only held to view.

Came thus into existence, as a protest against what these protestants considered organized and entrenched cruelty, the movement of the people that led to the evolution of the Eclectic school of medicine, first under the leadership of Dr. Wooster Beach. Came with it, even preceding Beach, the struggle of the American herbalists, under the leadership of that typical empiricist, Samuel Thomson, who patented his system of medication; and into it all came, from Europe, the kindly Homeopathist, bringing to America a touch of the rebellion wrought by the followers of Hahnemann, who were possessed of ideals that led them to hope to brush out of existence the cruelties of misdirected authoritative European practice. Many were the rivalries, pronounced were the prejudices, deep were the antagonisms of the members of these crusading efforts. But their differences were forgotten when came the necessity of resisting the entrenched wrong of their big brother. Let me, then, with these retrospective thoughts in mind, line my words directly to the members of our branch of the profession. Let me rest my remarks on the text that I have quoted,

"LISTEN TO THE PEOPLE!"

And in doing this, let us remember that we but follow the road traversed by Eclectics from the very beginning of the school to the present time. Let us not forget that the care of the people and the cause of the people have ever been our inspiration. The word "Eclectic," in even its restricted dictionary definition, means the "selection of the best," which necessitates the exclusion of that which is bad. And let us say, in passing, that the attempt of some people, based upon the foregoing definition, to restrict the field of Eclecticism to substances discovered by others and utilized elsewhere, is

neither fair nor justified by facts. Neither pilferers nor parasites are the Eclectics, now or in the past. The broad definition of the word *Eclectic,* has been a watch-word, necessitating the crediting of others for what others have accomplished, but yet our ideal is the seeking of *new* and *better* remedial agents, for use in therapy and in displacing that which is objectionable, both as concerns materials and processes. Consequently, we find the record of the Eclectic school to be that of selecting and sifting; of establishing and accepting; of discovering and creating; of receiving from others, and reciprocating therefor; of adding to the world's wealth, both as regards crude remedial agents and newly introduced products, connected with scientific applications of thought, experimentation and observation, as well as of discovery. Phenomenal have been the energy, activity, self-sacrifice, forbearance, but yet constant perseverance of our people. In it all, we have ever remembered that our duty is not that of caring for the *physician's* interests, or of creating a professional monopoly, but of serving, as best we can, the people in their time of need.

Read the record fairly, and you will perceive that the Eclectic physician has not only ever stood in close touch with the people, but has been a part with the people. He has denied himself honor, emoluments, political position, wealth, in order to serve the people as needed the people to be served. The health of the family in which the Eclectic physician practiced has been ever a professional trust. The care of its members has been his greatest interest. To help them, guide them, serve them, has been his highest ambition. Can any physician, of any school, maintain a nobler standard? His most pronounced effort has ever been to teach the sufferer how best to care for himself in sickness, as well as to teach those likely to be afflicted with disease, how best to avoid such affliction, through sanitary methods and processes that would prevent sickness. In what does this wrong humanity, or discredit the cause we maintain? Is there any wrong in this? Is not the whole world accepting now this ideal? He has aimed intelligently to protect the people's health, as well as their purses, by acquainting those who would listen with the manner in which home remedies could be employed in acute attacks, and to be serviceable, perhaps even to the saving of life before the physician could be reached; in other words, the care of the sick and the prevention of disease has ever been, to the Eclectic, a sacred professional trust. Thus the Eclectic came, in the beginning of the last century, into close touch with the people. He was *one with them.* Thus he hearkened to the people's cry and sought to serve their best interests. As one of the people he listened to their words, and concerning himself in home medication and in American simples, he sought from the people the names of drugs used in domestic practice. He gathered America's botanical products, be they found in swamps, on the plains or on the mountain's side. He investigated their qualities and published the results to the world, for, be it known, the tenet of Eclecticism has ever been, *give to others.*

Unfortunately, the code of ethics then prevailing among the most earnest professional physicians, licensed to practice medicine according to the pre-

vailing tenets of that day, could no more accept the methods of the studious Eclectic than of the illiterate people. He was viewed as an "irregular," who, by his processes, broke the code governing past ethics, and in the view of those in authority, lowered the dignity of the physician.

In it all, Beach and King and Scudder and Newton and Wilder, as well as some of the foremost authors of the dominant school, became officially ostracised, but were yet known publicly as the people's friends and companions. They even published, in some instances, large volumes known as "Domestic Practice," in which the people were taught the art of caring for themselves and avoiding disease, by means of home sanitary practice. These works were written not by imposters, but by earnest, honest, qualified-by-experience physicians, with the aim of helping humanity, not faking the people. They were yet opposed by "authority," but tens of thousands of their volumes were sold, read and studied, and, as an adjunct to it all, the Eclectic physician in every home in which he practiced, remembering his duties to the family, taught a balanced, kindly, home care of the afflicted, even the names of the remedies employed, and the dosage, being a part of it all. A mighty crusade was that, in behalf of balanced medical education, in which, with all the candor of men serving their brethren as best they could, the people were taken into the physician's confidence. A greater crusade was it in behalf of liberating the whole American medical profession from traditional wrong, both as regards the cruel methods then governing the practice of medicine and the false ideals concerning professional dignity.

HOME REMEDIES NECESSARY.

But the people could not be served as they needed to be served by means of words alone, even though the advice offered might be unimpeachable. Theories and verbal suggestions concerning possible preventive processes could not save the life of a child afflicted with the croup, nor could a comprehension of what should be done to escape infection relieve a victim of cholera morbus. Appreciating these facts, and the necessity of reputable emergency remedies being in every home, the Eclectic physician of early days broke away from professional environment and taught the mother how to use such remedies as neutralizing cordial, stillingia liniment, lobelia tincture, compound lobelia powder, ophthalmic balsam, and a number of other harmless but valuable simples and compounds of published and known composition that his processes had evolved and perfected. The terrible results of the habit-forming drugs, such as morphine, opium and such, were crusading tenets of Eclecticism, and the baleful results were held before the possible victim. Never did the Eclectic introduce a new habit-forming drug to the people; never did he, even to the date of cocaine and acetanelid, fail to protest against their evil effects. In every direction his aim was to save the people from therapeutic wrong, by educating the people in such a way as to teach them how to save themselves. The Eclectic also taught the people in his charge the home method of making decoctions and infusions of useful native plants, and even of some foreign drugs that could be kept

in the home for needful opportunities. Thus it was that every family in which an Eclectic practiced, looked upon their physician as an advising and trusted friend, appreciating that, whether present or absent, he was serving the interests of every member of the family to the best of his power. Thus it was that in doing this, the Eclectic physician became, as has been said, prominently "irregular," for, unfortunately, in times gone by, the aim of many of the leaders of licensed practitioners seems to have been to prevent the people from becoming intelligently advised of the home cure and practice of medicine.

In this, the licensed physician made a mighty mistake. He should not only have resisted the misleading of the people by ignorant charlatans or business fakirs, but he should also have been foremost in teaching the people the use of balanced home cures.*

TURNING THE PEOPLE OVER TO PATENT MEDICINES.

Alas, the attempt made by the professional physician to exclude home opportunities led to the reverse of the physician's intent. It hastened and fostered the evolution of the now mighty, so-called, "patent medicine" incubus. Numbers of people, denied intelligent home-advice, turned naturally to the advertised, ready-made remedies and cures (the so-called "patent medicines"), that were increasingly put up by business men, too often uneducated either as physicians or pharmacists. Habit-forming drugs, morphine-bearing home-cures, soothing syrups, such as "Godfrey's Cordial," carrying opium, were ever at the people's command, through the agency of indifferent druggists or wicked advertisers who often were political vampires. The people throughout the country precincts *need* emergency simples. They *will* procure these and keep them in the house, and, in case a physician refuses or neglects to advise and help, they will turn to the newspapers and almanacs, to the circulars of men often incompetent in all that concerns medicine or therapy. Witness conditions in America to-day and balance this thought. The evils complained of by those to whom is apparent the harm of the useless or vicious home-cures, became largely possible by reason of the licensed physician's failure to care for the home of his patrons, or because he insisted on certain forms of medical cruelty. In this, the Eclectic physician has no cause for self-criticism.

THE PEOPLE STILL NEED ADVICE AND GUIDANCE.

I come now to the underlying thought that has led to these remarks. The people *still* need to be advised, and *intelligently* advised, concerning right and wrong in medicine and medication. Perhaps never before, even

* Bear in mind that home-cure remedies are made and distributed by talented and experienced physicians, as well as by pretenders. Do not accept that a circular advertisement necessarily emanates from an incompetent fakir, or that the remedy, because it is publicly advertised, is necessarily worthless or bad. Conditions herein named made possible, perhaps necessary, many of the preparations now home standards, some of them prepared by experienced physicians in well-equipped laboratories. Their greatest wrong consists, perhaps, in their being advertised to cure ailments known under *disease names*. Blanket cure-alls have they been. This, too, has been a wrong long fought by Eclectics.

in the stormy days of Samuel Thomson and the Eclectic fathers, has there been such pronounced *mis*education of the people, and so much *mis*directed thought of the people, as we find apparent now, in both daily print and home discussions, as well as in semi-professional channels. Never before as at present has the artful, incompetent, business promulgator of "home cures" been so aggressively engaged in his methods of preying upon the people. Never before has he had, even in the past days of bleeding and blistering and purging in the name of science, such opportunities for attacking dominating professional methods. Therapeutic monstrosities and so-called "scientific" disease-cures, dangerous in themselves, especially when in inexperienced hands, but introduced by the highest scientific "authorities," are object lessons held in daily print before the gaze of the people. Substances grotesque in conception, paling Chinese medicines or medieval European horrors and repulsive even to thought, the very mention of which would not be tolerated in polite society, are now recklessly advocated by some high "authorities," and in display type, in magazines and lay papers, furnish rational ground for attack. The word "empiricism," defined by Webster as "founded on mere experience," but which, more rationally interpreted, means "facts as *established by experience*," has been, as a word, *intentionally* discredited by some physicians who are either very thoughtless or who have a hidden object beneath the ideals of the true physician. The artful advertiser seizes on these opportunities, and seeks to show that the home is now invaded, not by harmless simples, but by *professional* compounds, even more to be feared than those used in the days of bleeding and salivating, that led to the founding of the Eclectic crusade and the people's uprising in times gone by. The people are uniting, are once more becoming indignant, and are again arising in their wrath. Increasingly antagonistic are a multitude of highly educated men and women to licensed medication. Perhaps as never before are they now in organized phalanx, decrying authoritative medical processes, enforced under medical law. It is not now a cry of helplessness, for the people no longer consider themselves helpless, nor is it one of despair, for the people, led by talented men and women of exceptional education, have taken the offensive and believe they have now no cause for despair. Let not those who seek greater power in medical politics deceive themselves. A rumble of determined aggressiveness, in which the good in medicine and the ideals of the fairest leaders in all medical ranks are being rapidly lost to sight, is arising throughout the length and breadth of the land. Therapeutic nihilism bred by, and fostered by the influences named, now openly opposes, not alone the wrongs in sight but all rationally corrective methods in which the physician believes. Comes now also, as never before, into the family where the physician *should* be paramount, the misleading literature of the unqualified modern charlatan. Great is the harvest afforded by their increased opportunity. Behold, a remarkable condition! Ultra-scientific, nihilistic "authority" (bred too often of inexperience in clinical practice), on the one hand, and the no less deplorable nihilism bred of fanatical ignorance of all disease expressions on the other, stand hand in

hand. One has long been entrenched, the other is fast becoming organized. In their grasp the people struggle in perplexity, and next become easy victims of the ever-artful commercial advertising faker, who moves now with a system unknown in days gone by.

"THE PHILISTINES BE UPON THEE, SAMSON!"

A new crisis is now to be seen. The people need to be saved from themselves. The Eclectic physician needs now, more than ever before, to hold aloft his ideals and advise, as well as serve the whole medical profession as well as the people. He needs, in the opinion of this speaker, to balance the people's present opinion of therapeutic conditions, by telling the truth to those needing to know the truth, and by educating those misled. He needs to inspire the people with confidence in balanced medication, and in the qualified practitioner, regardless of school or theory. In my opinion, he should, in country districts, provide every family with harmless, but yet useful, emergency remedial agents, accompanied by instructions concerning their use. Thus, not only will he serve the family by displacing the illogically advertised modern "cures," but he will hold the family in his charge, not in selfishness, but for the sake of the family as well as for the credit of the physician. Desirable and tried Eclectic remedies of old, whose composition is known to the world, such as neutralizing cordial, stillingia liniment, and others that have been named in this paper, as well as many others that could be named, should be authoritatively placed in the hands of the people, either under their own pharmaceutical names, or as anticipatory prescriptions by their medical advisers. The once prevalent opinion of "authority" that the people must be kept in ignorance even of the very names of remedial agents, no longer can prevail. Apt scholars are the people to learn the *wrong* of medicine, good teachers have some pharmacists and physicians been in teaching *wrong*. Who taught the people the uses of the habit-forming drugs? Who made the names of habit-forming tablet cures familiar to the people?

HOME TREATMENT IS A NECESSITY.

This the Eclectic of old maintained. But home treatment should be instituted and employed under the direction and the care *of the physician,* not the almanac. Would that, as co-laborers, every physician of the dominant school could see life's duties in this same direction!

The family that is thus led to trust the physician will not wander, to find a perhaps useless remedy, perhaps a harmful one, accompanied by literature designed to discredit the physician's education and his calling. Remember, loss of confidence in the physician on the part of the people, leads death into the home. In his great effort toward serving humanity, the Eclectic, maintaining his ideals of nearly a century, need not disparage the processes of any other physician, nor wrong any other physician, of any school of medicine. But he must, as of old, *listen to the people,* he must unite with the people, and,*above all,* he must teach the people to *listen to him!*

INFANT WELFARE AND SEX EDUCATION.

EDITH B. LOWRY, M.D., ST. CHARLES, ILL.

Author of "Herself, Talks with Women Concerning Themselves;" "Truths, Talks with a Boy Concerning Himself;" "Confidences, Talks with a Girl Concerning Herself," etc.

The conservation of the child has become a topic of national interest and importance. It is being discussed not only in medical societies, but in meetings composed of people from every walk in life. The recent agitation about race suicide at least had the effect of setting people to thinking about this important subject. Naturally, many were satisfied with a little learning, which, as ever, is a dangerous thing. They were impressed with one side of the question and could not or would not see the other. As a result, the lawmakers put upon the federal statutes a law making it a felony, punishable by five thousand dollars fine and five years at hard labor, to impart any information whatever relating to the prevention of conception. The information might concern a thing, an instrument, or it need not be any material substance at all—only a method.

At first glance this law might seem wise. It was considered such by the men who formed it. However, there are several points to be considered. These men had become so exercised over the problems of race suicide that they considered some law must be made to prevent the depletion of the race. They did not credit women with the instinct of motherhood that would cause her to be willing to endure the pangs of labor. They considered laws were necessary to make her a servant of the state, a producer of citizens. She was not credited with enough sense to be a free agent, capable of deciding when and how many children she should bear. She must submit to the superior knowledge of men. They considered that in order to keep the number of the population intact it was a duty the people owed the state to have a large number of children. In the light of their distorted vision, numbers were the desired goal.

In an army a general would prefer to have a handful of trained soldiers rather than twice the number of incompetents. In an office one skilled worker can accomplish as much as two incompetent men. It is the same in every walk of life, one sane, well-balanced, trained individual is to be preferred to two defective or incompetent individuals.

In this country the number of incompetents and degenerates in relation to the total population is increasing every year. Formerly, the majority of these died before they reached maturity, but with the improvements in life-saving methods their lease of life has been increased so that many reach adult life. Unthinkingly, they have been allowed to marry and beget their kind. In very few States is there any law prohibiting marriage of the unfit. Anyone can go before a justice of the peace and be married. One of the couple may be an idiot, an imbecile, or afflicted with some transmissible or hereditary disease. Even the lepers of the colony maintained by the United States government are allowed to marry and beget their kind to become

further burdens to the country. Half-witted people marry other half-witted people and bear half-witted children. Insane parents bear insane children. The children of confirmed alcoholics usually are degenerates. The members of these great classes, the insane, the idiots and the incompetents have no sense of responsibility and allow their passions full sway. As a result, more burdens are thrust upon society, for the unfit children of incompetent parents must be cared for by the State. Common decency forbids us to allow them to be neglected. They were not responsible for their condition or for their birth. So we rear them and keep them alive that they may produce other burdens.

Fortunately for the country, the most progressive men of the age have awakened to this great problem that is looming before us. In a few States it has been solved partially. Indiana and some of the more progressive States have passed laws forbidding the marriage of idiots, degenerates, confirmed criminals, and those afflicted with a transmissible disease. The last named is of especial importance if we consider that 45 per cent. of the sterility in the world is due to one transmissible disease—gonorrhea. What more effective mode of preventing race suicide could be invented than to prevent its most potent cause? Indiana has gone even further into the solution of this problem; for, inasmuch as many children are born out of wedlock of degenerate fathers, she has passed a law providing for the sterilization of the unfit, the hopelessly insane, idiots or criminals. Surely this is a great step in the right direction if we would profit by the history of such families as that of the "Jukes."

But these laws are only a promise of what should and will be forthcoming. Many undesired children are not given the proper start in life. Thousands of women are ruining their lives by efforts at abortions to prevent a too prolific family. Thousands of children never should have been born at all, for they started in life too handicapped to ever win a place in life's race. Thousands of girls are ruining their chance of future motherhood by thoughtless acts performed in ignorance. Thousands of boys are sowing the seeds of sterility, pain and death for their future wives because of ignorance of a seemingly mild disease. We will never have a race of beings who are not handicapped by incompetents until we make a science of parenthood.

Experts are employed by the United States government to grow plants by careful selection, and to breed dogs and horses in a scientific manner, but human beings are the product of chance and are brought up chiefly by tradition in a very unscientific manner.

Physicians are supposed to be experts in the science of health and birth. They are neglecting their opportunities when they fail to impress upon the people the necessity for science in the creation of children. For years they have closed their eyes (except while in medical societies) to all problems in which sex is concerned, because Madame Grundy decreed that it was immodest to discuss these important matters. Finally, a few physicians have combined with a few other progressive men and women and have thrown

off their prudish false modesty and have brought these matters to the attention of the public. The little leaven has spread all over the country and brought forth the brighest minds of the age. In this great wave of education the physicians are being swept aside, their rights as teachers of the science of health and right living are being usurped by others. Are we going to stand calmly by and come in with the last load, or are we as a profession going to take our rightful place, investigate this subject thoroughly and then insist upon our rights as teachers? Are we going to allow untrained girls to teach the great wonders of sex to the coming generation while we stand by too indolent to assume our place as leaders? For the people are demanding instruction in this important subject, and they are going to have it. The youth of the country will be taught infant welfare by preventive rather than expectant treatment.

DISCUSSION.

Dr. W. N. Mundy: The subject is a large one, and how to approach it is a question in my mind. Twenty years ago, when I was President of the Ohio State Society, I brought this matter up in my presidential address: The care the State was giving to the raising of stock, and horticulture, and the neglect with which the young were treated. It seemed to me at that time the address was treated with contempt, and I lost all interest in the subject, for not a word was said. The address now would probably provoke considerable discussion.

I do not accept all that our State is doing, and I do not accept the Indiana law for the asexualization of the criminal, for I know by personal observation that many a time a good man, well-born, well brought up, is a criminal, not perchance because he is criminal by nature, but from some accidental cause. And I do know, too, from personal observation as a family physician, that some of the best raised youths are habitual drunkards. Why, I cannot say, unless it be from bad association. I am sorry to say that in our large colleges association counts much for the outcome of our youth that we place in these institutions. All college education does not make manhood, but sometimes associations makes profligates, and what we call the college spirit is sometimes another name for rowdyism.

In the last few years this subject of sex education has been brought home to me by reason of being essentially a family physician. In the last year I have had several mothers come to me and say, "Tell me how I can approach my boy." One mother, with one child, rearing him most tenderly, asked, "How can I educate him along this line that is not approached in the public schools?" I have placed in her hands a little work, "What to Teach your Boy." I told her to read it, and then I gave her some instructions along the line of nature study, how plants are propagated, something about animals, and thus lead up to this thing.

Now, while the limitation of sex is not a bad thing, and I do not believe there is much danger of race suicide unless our young men have sown too many wild oats, but I do not believe in the double standard of morality for men and women. (Applause). I do not believe continence is inconsistent with good health. That is what our boys learn in the streets, and, I am sorry to say, even from adults. But our children should be taught in the home, not in the schoolroom or the playground, but in the home, where they are under our supervision. Every father knows full well the anxiety that comes to him when his child goes to college, and more especially as they approach youth and manhood.

This problem is a big one, and we must view it from all sides. I have thought of this subject for twenty-five years, and, as I say, it was almost forced from my mind by the contempt with which my inaugural address was treated by our State society. Times have changed, and the minds of the people must be changed by means of education.

Dr. F. W. Abbott: In 1895 I put out my work on "Education of the Youth in Matters Sexual," in which I pretty thoroughly covered everything I had read up to that time and all I have heard since, and the theories I advanced then are being admitted in the public schools to-day. Dr. Mundy has given us a criticism pregnant with most vital truth. First, I believe marriage should exist only between those well physically and clean morally and normal intellectually. Second, there should be the closest love and the highest respect between the contracting parties. Third, the woman should have positive control of her person, and the words "marriage rights" should be expunged. "Blessed privilege," never "marriage rights." Fourth, coition should be indulged in primarily for the bringing into this world of a human being; not necessarily confined to that. Nature makes that act pleasurable, that the perpetuation of the species may be insured. Twenty-five years ago I plunged my youthful amorous arm into the matrimonial net wherein there were nine wriggling snakes and one good healthy eel, and I got the eel, and we have been comrades together all these years. We have two children, who are the product of reason, love, respect, sympathy and comradeship, and our life is a happy home life.

Dr. Wm. P. Best (Indianapolis): We have listened to some very good theories, and the statements were very excellent, but the family practitioner is the man or the woman who comes in contact with the actual existence of things. It is to him, and to her, that the appeal is frequently made as to what shall be done and how it shall be done. This is a delicate subject, and should be handled delicately and at the same time boldly. The professional man or woman who is too busy to stop and talk about the little things that make up the lives and morals of his clientele should retire from the practice of medicine. This is one of the little things, one of the delicate subjects about which you will be asked, and asked anxiously. If you do not meet these questions openly, and honestly, and fairly, and satisfactorily, who is going to do it? Who, of all people in the world, are prepared to do that if you do not?

Now, I have devoted considerable time in my little way to the answering of these questions along the line of my observation and experience, which I presume is largely the same as that of everyone of you. If a woman comes to me and asks about her child, and what she shall do, I spend some time in detailing what I think of it. It may not be absolutely right, but it is the best I know, and I believe it is my duty and my business, and I should not be afraid to talk about delicate subjects, particularly when I am given to understand that information is wanted on these subjects, and I think a man is over-prudish if he cannot sit down in the society of young women and give the information they should have as to sexual life and the results thereof.

This subject ought to be discussed and thought about seriously, and I am glad it has been brought up. I know it will be of great benefit to those who have had the privilege of listening to what has been said by our good essayist.

Dr. Truax: I want first to commend the paper, and I want to say it has been a long time since anything came quite so close home as have the words of our good brothers who have spoken. This has been a long, long, weary road that we women have walked alone on these subjects, and it is

only in the last few years that our brothers have come to walk with us. The teaching has been left to the mothers, and the father has not occupied the place of high priest, nor the family physician the place of teacher that he does to-day. I think there is an awakening along the line of teaching, in the school, the home, and the medical profession as well.

Dr. Adlerman: This was a very interesting paper to me, but there are one or two things that do not seem to me consistent. I believe the writer made the statement that alcoholic parents would produce alcoholic children or degenerates. I believe I can prove from historical facts that you must take that statement with a grain of salt. Jean Francois Rosseau was the product of a drunken father and a worse drunken mother. Alexander Dumas, the great writer, was the product of a drunken father of the worst kind.

As to the restriction of families, I think that is an individual affair, but you take the rich families who restrict their families, and I can show you that the single children have not proven the desirable citizens that you think you have when you limit the size of families. Some have committed murder, some are insane. In France they are limiting their families, and I do not believe there is anyone here will say that they have improved their citizenship by doing so.

Dr. J. B. Davis (Pontiac, Ill.): After such oratory I hesitate to approach a subject in which I have been interested. Of late years I have been even more interested than I dared mention, because, as Dr. Mundy said, the cold shoulder was turned to the subject,and you felt a little ashamed, although you knew you were right. Education is a power for evil or good. Must we drop education simply because at times it is used for evil? Must we quit studying medicine, or anything else, simply because it can be used for evil? Education is all right. The trouble is to see that children get it in the proper way, and this is not in the college society, not from boys and girls who want to be bad, but in the home or from the family physician.

Dr. Florence Stir-Smith (Newark, O.): There is one point that has not been touched upon, and that is, we have a great many women who are poor who would not shirk motherhood if they had some provision for their children. Whenever the States provide for these families they will not have so many criminals, when mothers will not be obliged to neglect their children to earn bread for them.

Dr. Lambert: Dr. Mundy said that he did not agree with the Indiana law, but I believe that law says that only the absolutely insane or criminal are to be sterilized. This is decided by the physician at the State insane asylum and a board of managers appointed by the legislature. The law is protected in every way. There are a few other States that have that law, and in some States where this knowledge was used by unscrupulous physicians and other men sterilized they had the law made to read that it was a criminal offense to perform this operation except on persons designated by this committee.

Dr. Adlerman said that drunken fathers did not produce drunken children. I said the children of drunken parents were degenerates. He brought up Rosseau, and if you will look up Rosseau's memoirs you will find that he was a sexual pervert and his children were put in the almshouse, so that bears out my statement.

In regard to knowledge of prevention of pregnancy, a few years ago in one of the women's magazines they investigated the subject of marriage in America. They interviewed about two hundred girls in five or six classes of life; factory girls, office workers and those in stores, college women and professional women. It was found that the girls in the factories, who had

always been used to hard labor and who saw the results of large families that could not be taken care of, did not care for large families as a rule, because bringing children into the world would mean misery. The college girls, who were educated, the average number of children desired was four. That certainly would not mean race suicide if every woman had four children.

As to the poor woman in the slums, I believe the slums could be changed entirely if the women were taught prevention of pregnancy, and the care of themselves, so they would not have more children than they could take care of. A woman might have three or four children and take care of them all right; but, when she has seven or eight, and is a wreck from excessive child-bearing, we need to change that in some way or we will always have the poor.

Dr. B. E. Dawson (Kansas City): It is stated that the United States government has imposed a fine and imprisonment. Is that simply for sending this information through the mails, or does it apply to any method?

Dr. Lambert: It applies to giving the knowledge in any manner—if they can prove it.

CLIMATOLOGY.

J. B. Munk, M.D., Los Angeles, Cal.

When we stop to think about the conditions that exist upon the earth we can understand somewhat that climate is variable and furnishes variety for its inhabitants. Science teaches that in the beginning the planetary bodies of our solar system were hot and covered with water. As a planet ages and cools its surface wrinkles up and forms hills and hollows. In the depressions the water settles and forms our ocean basins and the elevated portions form the dry land. Our earth is a good example of this action, and we find we have on the earth's surface one-fourth dry land and three-fourths water.

In time this water vanishes. What becomes of it is not exactly known, but it disappears gradually. Already the smallest and nearest planet to the sun has reached a condition in which it is perfectly dry and dead. This is the planet Mercury. The planet Mars is also reported approaching a similar stage. This planet has attracted a great deal of attention during recent years by the announcement of an Italian astronomer that he has observed lines across its face, and this subject was taken up by Prof. Lowell, at Flagstaff, Arizona, who has made a very profound study of this subject. It is determined that the water supply of this planet has been greatly reduced and there is only a small remnant left to supply this world. This settles during the winter season at the poles, where it melts and is distributed across the planet for irrigation purposes. It is an exceedingly fascinating subject to contemplate. Our own world is following along this same path. It is yet far from being dried up, and none of us need to take any alarm on that account, because it will not happen in our day; but it is coming just as sure as fate, and will appear in due course of time.

Already on this planet of ours desert portions have formed, one girdling the earth south of the equator, and one north of the equator. The one

north crosses our continent through Southern California, Arizona, New Mexico and Texas, then through Europe and Asia and the Arabian desert. This desert condition means that in this region there is little clouds or rain, much sunshine and stunted vegetation. In these regions to have a growth of vegetation it is necessary to practice irrigation on the same plan that is believed to be practiced on the planet Mars.

The desert climate has peculiarities that the people of the East are not familiar with. We say that excessive moisture is always a producer of disease and dryness is favorable to health. Now, in studying the factors that influence climate, we consider all the physical elements of the earth—the earth, water, air, temperature, sunshine, electricity; but the most potent of these, however, are moisture, temperature, and sunshine. In the western part of this country, in this desert part which is gradually widening and extending, the atmosphere is perceptibly different from what it is throughout the rest of the country. Ordinarily, throughout the most of the earth's surface, we have great humidity; the atmosphere is loaded with watery vapor; the air is full of water, and the evaporation is very slow. In the dry atmosphere of the desert regions the evaporation is very rapid and leaves the atmosphere dry. This is a sort of process of nature, and in these particular regions you do not feel the air as in the humid atmosphere. The surface is dry, and if you do perspire the evaporation is so rapid that it is not noticeable, and the temperature of the body is maintained at the normal point. We determine this by the thermometer, and there are two kinds of thermometers used for this purpose—the medical thermometer giving the exact temperature, and the wet globe which gives the excessive temperature and increasing relative humidity. So that in a dry temperature where the sun shines hot, the actual temperature may rise to 110° or 120° F., but the excessive temperature only marks about 80° F. That is what you really feel.

So in the dry, desert atmosphere there is a chance for health that the humid atmosphere does not have, and it is far superior to the humid, both in health and disease.

We also have in these regions depressions of the earth's surface below the sea level. It is estimated that in these desert regions as high as one hundred inches of water will evaporate in a year, and the rainfall in some places is only two to three inches. We have, in our own country, places where the surface of the earth is two hundred to four hundred feet below the ocean level. The lowest place is in Palestine, at the Dead Sea, where it over thirteen hundred feet.

You will see from this that the conditions we are familiar with in this humid atmosphere are entirely different from those I have just mentioned. Also, in these dry sections, you have atmospheric conditions that we do not have in a humid country. All the weather conditions are absent, the extremes of heat and cold, of wind and frost. In fact, there are places where very little if anything occurs to destroy the comfort of the individual.

The statistical part of this condition is a big study, an interesting study, but, of course, I will not attempt to cover the subject to-night, but I do

wish to draw a little comparison between the atmosphere and climate of the Pacific coast and this climate. On the Pacific coast, notwithstanding the great body of water, six thousand miles wide, over which the wind plays every day, not strong, but as a gentle breeze as a rule, yet the atmosphere is dry. Of course, when you come to study it, you find that as the atmosphere increases in warmth it naturally rises to a considerable height. Then it has been found by experiments that it blows westward about one mile above the earth's surface and drops down into the water and is mingled with the sea breeze and cooled, and when it comes back to land as the sea breeze it is cool and refreshing, and this sea breeze is the charm of the coast climate. The relation of the desert portion to the ocean makes this condition possible and makes the climate so delightful. As soon as you strike the arid regions of the west you will find this quality of atmosphere, and you will notice the difference on coming from the west as soon as you land in Kansas. You discover you are in this humidity, and that you are perspiring. Going west, you notice this delightful atmosphere as soon as you get into Colorado.

I just want to call your attention to these peculiarities. It is a subject that is not very generally studied, but it is a matter of great interest, and books are now being written on the subject which are not only instructive but very interesting, and I hope interest in this subject will grow and that we will all become better acquainted with it.

"SELEN," THE ONLY CANCER REMEDY.

Dr. Fred. Klein, New York, N. Y.

Years ago I made the statement that oxygen was, and will for all time be, the only true food and only reliable medicine, the only solvent for chemicals insoluble, or at least exceedingly difficult to go in solution with other known solvents.

The above statement and many more in regard to oxygen equally important could be mentioned, but let us simply strive and look up the periodic arrangement of the elements. According to the great Russian scientist and physico-chemist, Mendelejeff, we will find systematically the elements classified into eight different groups, each group showing some resemblance in regard to physical and chemical action, considering atomic and molecular weight, 2, 4 and 6 valence, similarity in compounds, etc.

The sixth or oxygen group will then show, besides oxygen, sulphur selen, tellur, chromium, molybdanum, neodum, erbium, tungsten, uranium; as most important, again a subdivision of the sixth group, this would treat the oxygen, ozone, and further the sulphur, *selen* and tellur; for the present let us only consider oxygen, sulphur, and last, but not least, *"selenium."*

This last-mentioned chemical, "selen," has been almost forgotten; its remarkable physical, chemical and therapeutical action entirely ignored for many decades of years, until 1901 and 1902, by occasion, I was especially

engaged in experimental work with sulphur, its by-products, and other relative compounds of the sulphur subdivision.

Again recalling attention to the wonder this chemical is bound to accomplish if considered, and more intense research has led me to make the statement that it will cure cancer; that it can be used as a liver specific; and in industry, it will solve the thermo-electrical problem, the color photography; to make artificial camphor, to make a most remarkable gunpowder, to give power and light to mankind in a most simple and econonomical way; this, and many other statements would fill the pages of this journal, let us therefore come down to the crucial point of view—its medical value as a cancer cure.

Selenium has been first observed as an elementary body by the great Swedish chemist, John Jacob Berselius, in the year 1817, while engaged in research work at the sulphuric acid chambers at Grispholm, Sweden, where the Fahlun pyrites had been used experimentally to produce the acid, which acid had formally and exclusively been produced of the brimstone, but circumstances have led to the independent production of sulphuric acid in the above mentioned process, which led to the important discovery of *"Selen,"* and its compounds, wholly and thoroughly worked out by Berselius and his pupils. Considering further that Berselius and many of his pupils were not only chemists, pharmacists, but also medical doctors using this newly discovered chemical for therapeutical purposes, and have transferred their remarkable and profound research of the chemical and medicine internally and as well externally used, in journals and books of the past century, down to us. But not the past shall decidedly or exclusively be our mentor. Let the last years tell us what further progress and research have taught us, how to use the selenium in cancer and other ailments. It is a plausible and logical fact to consider the curative quality of the chemical as a similar compound to sulphur, which is partly so, but in many cases entirely different.

Sulphur and oxygen can be given in comparatively large doses, internally as well as externally. Its beneficial and remarkable curative property may in a very small dose accomplish great results and cures; on the other hand, it may in small dosage produce a toxic action and absorption of such violence as to be fatal to its bearer.

Selenium oxydizes, *selenium* reduces, *selen* dissolves, neutralizes and substitutes.

To oxidize, reduce and neutralize is the fundamental physiological principle of any drug, no matter if tincture, extract, alkaloid, ointment or any other mode of preparation is used for therapeutical purposes.

"Selen," therefore, in the ideal sense is a true remedy, a remedy which will by far exceed the marvelous and wonderful radium, not because *selen* is much cheaper, less dangerous to handle, equally active in same treatment, and in cancer will undoubtedly be gloriously victorious in the cure without any relapse, because the emanation of "radium" (radioactivity) oxidizes, but *does not substitute.*

"*Selen*" is also a chemical highly sensitive to light, and is itself radio-active, emanating light rays conducted in the organism in such a way as not to produce a destruction of the cell tissues, or tissue waste or hyperoxidation, which term I believe in a modified sense is the *true* cause of *cancer* and many ailments.

"*Hyperoxidation*" for cancer, oxidation in some excess to or in equal relation to all ailments—to be more precise, *hyperoxidation* is a fast building up of new cell tissue, and logically the too rapid growth will cause an unchecked oxidation, then followed by tissue waste.

Let us then consider two more facts: What are the chemicals, and where to check this hyperoxidation?

Sulphur, nitrogen, phosphorus and carbon to check the oxidation; the liver, the birthplace and producer of all ailments, considering the physiological and productive importance of the liver, like blood-heat, blood-pigments, blood-cells, bile, fat, sugar, and many important secretions and excretions, like urea, uric acid, etc., as the crucial pathological foundation of all cancer, no matter what perisymmetrical or local part of tissue may be looked upon as carcinomatous growth.

Therefore, check hyperoxidation because sulphur is oxidized and eliminated too fast. Not being able to accomplish its physiological duty, we substitute "*selen*," which readily checks hyperoxidation and also stops it, with the aid of chlorides, hydrochloric acid, gradually dissolving the cancerous growth and dissolving the selen in the nuclei. This is the action of the chemical.

Let us further consider its use and doses, which is very simple. The chemical is best applied in powder or any other dry form, in pills, etc.

The dioxide of selen, SeO_2, is mostly used in milligramme doses per os (0.001), and mixed with sugar of milk, two or three times daily. Potassium selenate, $K_2 SeO_4$, or potassium selenocyanide (K SeCN),are also used, but the doses per os are considerably smaller, 1-10 milligramme (0.0001), and only two times daily, just according to the case.

In advanced cases a larger dose, 2 or 5 milligrammes, is sometimes of great benefit, especially the selendioxide, but only for six or seven days, then stop with the powders to prevent too rapid absorption of the cancer; after some days the selen may be given in a liquid form in same doses, but the action will then be remarkably reduced; then again, after days, give the powders to dissolve completely all cancer. This is pertaining to inoperable carcinoma of internal organs. The patient is best put to bed and closely watched, and the urine analysis daily will show the advance. If excess of selen and bile is found in urine the method has to be stopped for days or week; if specific gravity of urine rises from 1,012 to 1,016, or even more, good sulphur reaction is also present, the cancer is checked and under control.

For external treatment selendioxide ointment, 0.5 to 100 lanolin or paraffin, with small doses internally, will produce good results.

In non-cancerous patients the toxicity of selen will not be so pronounced

and active, the light influence not as strong, the total physiological action more mitigated by nature of individual itself.

The antidotes are the same as by arsenic, magnesia and ferric hydrate. Externally 50 per cent. ichthyol ointment, with more sulphur or other sulphur compounds, dissolved, beautifully checks the burning sensation of skin and nails. Arsenic and selen are closely related, and I have mentioned that they may be substituted in some degree in the "606" preparation, which is also not more than oxidation with As_2O_5, 31.5 per cent.

For further chemical properties of selen see *booklet,* also for urine analysis see "Iron reagent" and "Tin chloride."

This will close my paper, stating I had the pleasure to meet Dr. Roswell Park, Dr. G. H. Clowes, Dr. O. Kiliani, Dr. Wm. Lyle, Prof. John Uri Lloyd, and a great number of other prominent physicians and scientists, who were highly interested in the selen proposition to obtain all details besides my papers read at the Deutsche Medicinische Gesellschaft, Pathological Society, Italian Hospital, and years ago at the Chemists' Club, and different technical institutions, again preaching the "wonders as chemical and medicine." This served to call the attention of Wassermann and many more, gradually forgetting the originator.

But let us not forget that this has not been Wassermann and Ehrlich, but an American scientist, who devoted his time, life and experiments to give his fellow-man a true remedy. Let the world criticise me, and the mighty hunger me to death; I shall only be glad to suffer for an ideal for mankind.

SELEN PREPARATIONS IN DOSES USED THERAPEUTICALLY.

1. *Selen dioxide*—(SeO_2) selenious acid, *anhyarous* acidum selenosum; 1 to 5 milligrammes (0.001 to 0.005) three times daily, put up in *powders,* or in *solution form.* The more active preparation is in dry form, together with sugar of milk, or any other suitable corrigans; in the liquid form, ethereal oils, like anisi, etc., can be used as corrigans.

2. *Sodium selenite* ($Na_2\ SeO_3$).

3. *Sodium selenate* ($Na_2\ SeO_4$).

4. *Potassium selenate* ($K_2\ SeO_4$).

All can be used in same doses as the *selen dioxide* and the same corrigans can be used; the dose can even be larger than 5 milligrammes, although care has to be observed in regard to *idiosyncrasy.*

5. *The sodium selenide* (Na_2 Se) can be used also in very small doses, 1 milligramme two times daily (0.001).

6 *Potassium selenocyanide* (K Se CN) requires more care than all other preparations mentioned. The doses are much smaller, the action quicker. The doses are 1-10 milligramme two or three times daily (0.0001). Milk sugar can also be used, but no ingredient with an acid.

N. B.—The similarity of all the products —*selen salts,* with the *arsenic* in the biological, physiological sense, will give us *one antidote* for two chemicals. *Magnesium oxide* and *ferric hydrate,* according to U. S. P., 50 per

cent. ichthyol ointment with sulphur dissolved for external use in case of poisoning with selen salts, also any other sulphur perparation can be used as an antidote, like sulfoglycerol, etc.

LYCOPUS.

Frank Webb, M.D., Bridgeport, Conn.

I do not think it at all necessary to give the botanical and other history of this useful and very much neglected plant.

In specific medicine lycopus and subculoyd lycopus we have most dependable preparations of this common weed, known as bugle weed. Its sub-astringent properties are greatly underestimated, its styptic properties are almost overlooked in this day, and its sedative properties are overlooked entirely.

There is no remedy that will check the rapid advancement of phthisis as lycopus. It will control the fever and also the vascular excitement, it acts most kindly as an expectorant, and its sedative properties will relieve the most severe case of palpitation of the heart induced most generally by coughing.

Diseases of the heart, either organic or functional, are greatly relieved by it, as well as great oppression in the region of the heart accompanied by dyspnea.

In hemoptysis its great field of usefulness comes in play. Here is where its sub-astringent and styptic properties are exhibited to the best advantage. I know from a long experience with it that it stands here alone. I have used it for twelve years this way. I was called to a case of a young man suffering from phthisis, who had a very severe hemorrhage from the left lung. I gave him fifteen drops of sp. med. lycopus every fifteen minutes, but this did no good. He was failing fast and the family asked for a consultation. I thought I would try this remedy hypodermically, so I said if I could not stop it by the means I would next employ I would call another physician in consultation. I put about thirty drops in my hypodermic syringe and injected it into the right arm. In five minutes the hemorrhage stopped. I gave him fifteen drops more in half an hour and he had no more hemorrhages. He lived over a year after that. I have had in all seventeen cases that it proved most beneficial in. The only unpleasant feature of its use was the burning it causes, but this is now done away with to a great extent, for we have a non-alcoholic preparation called subculoyd lycopus, prepared for me by Prof. Lloyd, which does the work without causing the unpleasant burning caused by the sp. med. lycopus.

In epistaxis there is no remedy like it. I have had several severe cases, all from arteriosclerosis. Several years ago I was called one night to a case where I found the patient cyanosed. He had been bleeding for eight hours, and had been treated by three different doctors who all agreed that he could not live. I at once gave him thirty drops hypodermically, which checked

the flow, and in five minutes I gave him thirty drops more which stopped it. The patient said that the burning was almost as bad as the hemorrhage. The success I had in this case convinced me of its value for this use.

About three years ago I was called one morning to one of our most prominent old-school doctors who had bled for hours. I was out of town when the call came but as soon as I returned I went to his home, but found that in the meantime a specialist had been called in, who, when he could not stop the flow with adrenalin solution, had plugged up the nostril, with the result that it trickled down the throat. I called up the specialist and suggested a plug in the posterior nares. He accepted my suggestion and came at once and we placed a plug there and left for the night. The next morning I went to see the patient again and found him bleeding from the other nostril. I asked who should take the case, as I wanted no divided responsibility, and he said let Dr. Webb take the case. I at once gave him thirty drops of sp. med. lycopus hypodermically in the right arm. It stopped the flow and I gave him thirty drops more in half an hour and the trouble did not return. This doctor recovered and resumed his practice, but afterwards contracted pleuro-pneumonia which developed into pulmonary edema and caused his death.

I have had several cases since, notably one last month. An elderly lady lifted a scuttle of coal. She said it felt as if something gave way in her head and the blood began to spurt from her nose. I was called and gave her thirty drops of sp. med. lycopus hypodermically which stopped it. In this case I used no plugs.

Since Prof. Lloyd sent me the subculoyd lycopus I was called to a case of epistaxis and injected thirty drops in the patient's arm. It stopped the flow like magic. Do not waste your time or remedies, but keep a bottle of subculoyd lycopus in stock and resort to it at once and I know from experience that one or two doses will do the work. It very rarely takes three doses.

In hematuria from renal calculus there is no remedy so certain or quick in its action as lycopus used hypodermically. I was called to a case which was given up and about to be removed to a hospital for an operation. I gave the man thirty drops of lycopus hypodermically, which stopped the hematuria. He afterwards had a large stone removed from his kidney, but suffered from no more hemorrhages.

There is one use for it that we can learn from our Homeopathic brethren, and that is its use in typhoid fever, where there is a high fever accompanied by epistaxis. Give about ten drops in water every hour and you will soon reduce the temperature, strengthen the heart action, stop the epistaxis and calm the fear of death.

In bronchitis which is accompanied by a dribbling or involuntary discharge of urine every time the patient coughs there is no remedy like lycopus. Give five drops in water every hour and you will cure your patient and receive the grateful thanks of a poor sufferer.

In some cases of hepatitis in which pneumonia develops there is nothing in the materia medica its equal.

In passive hemorrhages from the bladder, caused by catarrh, it is curative every time. I have cured several cases which have been pronounced incurable.

In obstinate coughs caused by inflammation of the lungs it is a most useful remedy, given in about five-drop doses in water every hour.

In exophthalmic goitre there is no remedy like it.

In diabetes, both insipidus and mellitus, and in diarrhea and dysentery, either active or passive, it is most useful.

We have been taught that this agent was for passive hemorrhages, but, from personal experience, I have found it just as efficient in active as passive cases.

Let us return to our plant remedies and not rely on chemical remedies, which are many times uncertain and most always harmful in some way. This is most true in the case of Lloyd's sp. med. lycopus, which should be studied over again, and I think that it will be very generally used by our timid brethren, while bolder ones, like myself, will use the subculoyd very often in our general practice.

Now, in closing, I wish to give the dose of sp. med. lycopus as from five to thirty drops in water every one or three hours; if in the subculoyd form, thirty to sixty drops hypodermically every half hour. I believe that one trial of subculoyd lycopus would convert its bitterest opponent into its best friend.

PASSIFLORA INCARNATA, SPECIFIC.

Lee Strouse, M.D., Covington, Ky.

The following indications and uses for the administration of this remedy are laid down in the printed literature: Irritation of the brain and nervous system; sleeplessness; in fact, wherever a harmless remedy or certain soporific is demanded. Used in convulsions of children; nervous headache and neuralgia; infantile nervous irritation, tetanus and epilepsy. Dose, twenty drops to four drachms, to water four ounces, a teaspoonful every two or three hours.

I differ somewhat from the above indications, usage and dose. In mild cases, where a mild remedy is needed, a mild sedative, especially in the treatment of females, I consider it a remedy for women because of its mildness.

In convulsions of children, I would not fool away good time with its administration. I prefer the use of more powerful and certain remedies.

Nervous headache and neuralgia, in women, where there is anemia and loss of appetite; then it should be associated with a bitter tonic.

In nervous irritation of teething children its administration will give good results, provided there is no undigested material in the child's stomach

which is producing the irritation; in that case, first get rid of the irritating and offending substance.

In tetanus I have not tried it, but from its mild action I would not trust it. I prefer to resort to remedies that have more force and have been tried along this line. I do not feel that I could trust it.

In epilepsy I have tried it and found it wanting; I get no action whatever; hence, I would never think of it in this malady.

In my hands this is not like other specifics as to the dose; I give it in large doses all the time, using two drachms to two ounces of water, and a teaspoonful hourly until relieved.

Low forms of headaches, light and dull, restless and inability to get off to sleep, rolling and tossing until worn out, before sleep comes; a rambling mind and with a basilar headache, keeping one awake long after retiring Mild cases of ovaritis, mild neuralgia, slight irritation of the brain; in dull dragging headaches of women of a daily occurrence. I have never seen any ill effects from large doses.

SP. ASCLEPIAS.

BENJ. L. SIMMONS, M.D., GRANVILLE, TENN.

Sp. asclepias is a great medicine in the realm of its operations. Among the laity it is known as butter-fly root, pleurisy root, etc.

Like other remedies, it has its force, and that force must be directed. Energy in any line is of no use except as it is directed. According to the asclepias force turned loose, it is sedative, diaphoretic and anti-rheumatic, having also slight anti-spasmodic and tonic effects.

Its sedative force is manifested in the eliminative fevers, or rather in those fevers that end in crisis, as pneumonia, or malarial fevers, as intermittent, remittent, etc. Given a full pulse, nervous irritability, and a tendency to perspire, the asclepias force is very assertive if connected with the associated remedies.

In bronchitis or pneumonia when sharp, cutting pains are present, or when the cough is dry, accompanied with tightness in the breast, asclepias should be one of the agents prescribed. In these pectoral troubles, just named, the large dose is to be avoided, the small dose being required. Ten to fifty drops to the four ounces, the age and the state of the patient considered, is a sufficient one.

In acute pleuritis, asclepias, supported by other indicated remedies, if given in time, will abort many cases and carry the majority of the others to a hasty and successful ending. Here the dose must be large, one-half to two drachms to four ounces of water.

Asclepias' anti-rheumatic force is best directed against the conditions, marked by impaired motion with increased suffering upon movement, or when the pains are spasmodic or intermittent. Hence, it is of great value

in intercostal neuralgia (or rheumatism), etc., if of the external intercostals; if the internal muscles are involved, sp. jaborandi is superior.

In intermittent and remittent fevers the asclepias, combined with the following remedies, is very effective. It should be administered every hour, beginning in intermittent fever as the sweating stage approaches and continuing after full diaphoresis is established. It thus aids nature to a more perfect elimination of the poison and to a more perfect ending of the disease. In remittent fever it should be administered each day with commencement of the remission and should be discontinued when the remission is subsiding, as manifested by the rise in temperature. Below is the prescription:

℞ Sp. asclepias.....gtts. xx to ʒjss
Sp. macrotys.....gtts. v to gtts. xxx
Sp. aconite.....gtts. ij to gtts v
Acetate of potassium.....grs. x to ʒjss
Water (q.s.) .....ʒjv.
Sig. Shake and give a teaspoonful every hour. In this prescription the dose is based upon the age and the obstinacy of the disease.

Catarrhal troubles, with a full pulse, hot skin, fever and intermittent chilliness along the spine, demand asclepias as one of the remedies to be used in the treatment. It is unnecessary to mention asclepias as a splendid agent in the treatment of ordinary colds.

In acute dysenteric diarrhea of catarrhal origin, sp. asclepias lessens the tenesmus, aids in reducing the frequency of the evacuations, and has a sedative effect upon the nerves.

Passing from sp. asclepias in acute diseases, it is of much value in the treatment of some chronic states, especially those involving functional lesions of the stomach. The guiding symptoms or indications are deficient action of skin, together with wandering pains about the body.

In simple loss of appetite with a deficient action of the skin, asclepias combined with sp. gentian will remove the trouble. In fact, many more good things can be said of asclepias, but the preceeding remarks are considered sufficient to direct attention to its usefulness.

In conclusion, the writer would say that he relies upon the specific medicine (Lloyd).

PARANOIA.

Theodore Davis Adlerman, A.B., M.D., Brooklyn, N.Y.

In bringing the subject of paranoia to your attention, gentlemen, I have a two-fold object in view: (1) To present to you one of the most interesting types of insanity; (2) the other to call your attention to the importance of being able to recognize a paranoiac when you meet such a case in general practice, especially if you remember that the imperative ideas of the paranoiac are very remarkable, inasmuch as between them and ordinary ideas the difference is one of degree, and that it is most difficult to determine when the boundary line is passed.

The importance of a proper and correct diagnosis of paranoia can hardly be overestimated, as paranoiacs constitute a most dangerous class of individuals, who are not only a menace to themselves and those immediately surrounding them, but are a danger of great magnitude to society at large.

The word paranoia was adopted by the early writers upon the subject from the works of Plato, to describe a distinct and special class, a special form of mental disease, which occurs in individuals of not only good education but even in those of brilliant acquirements, and who at the same time possess a distinctly peculiar mental twist, which places them in a class entirely separate from the rest of the great mass of humanity. They seem to possess a mental unsoundness which is especially characterized by delusions, by beliefs not common to the individual at large, which may arise from certain actions of free, unrestrained imagination and with an entire absence of a predominant emotional state.

We can perhaps best define this progressive psychosis as a monomania founded on a hereditary basis, characterized by an early hypochondriacal stage, after which appears the stage of systematization of delusions of persecutions, and then at a somewhat later period these are transformed into systematized delusions of grandeur.

The delusions are often of an ambitious nature (megalomania), or, as is quite often the case, of a depressive nature, the delusions of persecution. Quite often both of these forms are combined.

ETIOLOGY.

What are the true etiologic factors in paranoia? What are the cerebral changes, or degeneration, or dissolution that occur by which the man or woman who to-day is conscious and smiles at an imperative idea, gravely believes it tomorrow and labors under a systematized delusion? Is paranoia a hereditary disease? Do constitutional predispositions render a person more prone to this mental disease? Do conditions of the body influence the nature and course of the symptoms in paranoia?

These are indeed very important questions, and the literature on this particular subject is rather meagre, and we will therefore answer them to the best of our limited ability.

We can take a warrantable position, founded on observation and study of cases, that paranoia is a product of heredity and environments (of environments to a certain extent only). The inheritance is rarely a direct one, as a paranoiac parent very seldom has a paranoiac offspring, but if you inquire carefully into the family history you are sure to find some traces, some psychopathic ancestry, the majority being associated with epilepsy in this or previous generation; you will find some other bad strains, you may find some form of insanity, some distinct eccentric habits, some pseudo-epileptic geniuses, some alcoholism, and perhaps some criminality as well.

From the foregoing we can consider heredity as an important etiologic factor in paranoia (and, for that matter, we can safely say that a hereditary predisposition is a common factor in all other forms of insanity), and Kraft-

Ebbing claims that in all his cases the hereditary taint was very strong and clearly evident.

In some instances prolonged worry, mental shock or dissipation will act as exciting causes. In some other cases functional perversions of the cerebral faculties, occurring in the course of dreams, and associated with purely abnormal manifestations in the sexual sphere, will lead to paranoia.

Any of the numerous different influences which may overturn the nervous system—puberty, so full of possibilities and probabilities of arretsed or perverted mental development; autointoxication, uterine diseases, masturbation, worries—can all prove to be definite factors in the production of paranoia.

Before taking up the symptomatology, a word or two in regard to the perverse sexual sphere in paranoia will not be out of place. Many of the cases of paranoia are developed on sexual abuse (masturbatic paranoia) or on sexual excitement. In the erotic and religious form of paranoia the perverse sexual instinct is clearly and distinctly manifested. The sexual impulse in these cases is abnormally early developed and is very intense. In paranoia religiosa the sexuality, the *libido*, finds satisfaction in masturbation, during which act they mentally cohabit with either some minister, priest, or with some saint. Sexual crimes (perverted ones) are frequent in religious paranoia. Giraud, in the *Annal. med. psychol.*, reports a case of rape by a religious paranoiac who impregnated his daughter and who said "it was revealed to me by God that I should beget the Eternal Son with my daughter." This command, which he deemed as divine, was the cause of the insane act.

In persecutory paranoia sexual acts have a pathological motive. Küssner, in the *Berlin Klin. Wochen.*, reports a case to prove this assertion, a married paranoiac, who was once a teacher and had been betrayed and cast off some years before. She had delusions of her seducer, who, she claimed, impelled her to sexual acts. She gave herself to prostitution, she attempted coitus with boys of five years old, claiming all the while that her seducer mentally compelled her to commit all the immoral acts.

SYMPTOMS.

If it were our intention merely to mention the prominent symptoms we would call attention to the supreme egotism, to the delusions of persecution and grandeur, which are systematized in most cases and which are reasoned about, and to the seeming strong but really weak intelligence. We would dwell upon the hallucinations, sexual perversions, sexual cruelty, etc.,

But more important than mentioning mere symptoms is the mode of their development in paranoia, and the gradual evolution. Paranoia being a disease of personality, each and every case presents many new things, and in its variety compels individual study of each case. You will be told by many alienists that a paranoiac will often present various cranial or facial malformations, including the ear and palate, but this is a mistake, as

anatomic abnormalities, the so-called physical stigmata of degeneration, are no more frequent in a paranoiac than in the general mass of humanity.

There can be no question that the first stage—the prodromal stage, if you so desire to call it—has its conception, its beginning, in the early childhood days of the patient. You will be told that he or she was a little peculiar, somewhat different from other children, somewhat more secluded, kept more to himself or to herself; used to avoid the companionship of other children; used to be somewhat excitable and irritable; was jealous of other children receiving more attention from parents; used to have periods of depression and a habit of demonstrating the inferiority of others.

With the advance of puberty with its new instincts, its new ideas and powers, the patient commences to contemplate his own peculiarities, he becomes a little more suspicious, fully preoccupied with himself, and as a result a hypochondriacal stage takes place. He becomes more and more distrustful of everybody and commences to find that people look at him queerly, and doubt comes to him as to their ultimate object, the meaning of actions seen and words overheard are interpreted falsely. While he is quite anxious to know why people so wrong him he will make no inquiries to that effect, but will accept his own wrong deductions and conclusions, becomes then indifferent to all and everything not associated with his own egotism, becomes concentrated within himself. This is a very dangerous period in the paranoiac's life, as he or she is about to pass the limits of sanity. His suspicions, which were at first confined within certain boundaries, now spread and increase; false conceptions assail him more and more; from false interpretations delusions of persecution develop and continue, and definite delusions of exaltation make their appearance.

The patient here will tell you he is maligned, efforts are made to poison him, to torture him; there are items in the papers about him, having a personal reference; passers-by annoy him; spies are following him; his thoughts here commence to concentrate around certain individuals as his persecutors, and either one or more persons are finally selected by him as his persecutors. He starts to hear voices of these enemies and they constantly abuse him or her. These voices pursue him, he hears them in the street, in the house, in closets; they are always there, they follow him wherever he goes, he cannot escape them. These same voices often arise from different parts of his body, always tormenting him, always provoking him, always leading him on to some act or other.

The growth of this system of delusions which fills his mind constitutes the systematization which is so characteristic of paranoia. There is usually a perfect system of insane delusions often combined with hallucinations of hearing, tormenting him and commanding him to do things. His predominating ideas become part of his own being, a part of his own ego.

The hallucinations of taste are always unpleasant. They are most important in connection with delusions of poisoning. Often they will claim that filth of all kind has been placed in their mouths during sleep. Hallu-

cinations of smell are also very offensive. Fumes, gases, volatile poisons are felt in the rooms. Hallucinations of smell in female paranoiacs are often associated with sexual delusions.

Numerous paranoiacs will not eat, unless the food is prepared by themselves, or will not drink unless the water is drawn in their presence, as they suspect poison or filth in the food and drink especially and purposely placed there by their enemies. Hallucinations of the genital sense are common. They are especially so in women. They are raped by beasts, they are assaulted nightly, or by some occult power. Foreign substances are introduced into the vagina, and at times even while they are awake. Delusions of a mystic religio-erotic nature are frequent in the menopause paranoia. It is a blessing that there is an absence of visual hallucinations in most cases, as were they able to see their supposed enemies no one would be safe from danger of an attack by a paranoiac.

As the case proceeds the ideas of persecution are augmented and increased by the most trivial incidents. The patients will lock themselves in, and, through a keyhole or through some opening in a door, they will watch the movements of their neighbors, relatives and friends. Spies are all around him and he is kept under an increasing surveillance, his thoughts are all concentrated on his supposed wrongs and persecutions. Here it may not be out of place to mention the following interesting fact: The persecutory delusion of other forms of insanity, such as senile insanity, melancholia, etc., may have a certain interest, but those of the paranoiac are a real romance.

Very often the delusions will drive the paranoiac to complaints to the police, judges, to governors, or some other authorities. They will complain of supposed wrongs committed against him or her; or quite frequently, failing to get satisfaction, the paranoiac will turn and wreak vengeance, commit murder, on his imaginary enemies. Attempts at homicide are the result.

The next stage makes its appearance with attempts on the part of the patient to explain, to reason out the persecuting ideas, which are still prominent, and here ideas of personal importance assume prominence in the mentality of the individual. Am I different from other men or women? Have I a special mission in this world? I must have been born for higher things in this life! I must be of noble descent, or I could not have been selected for such a high and noble purpose! They are destined to be redeemers of this sinful world—women will often become the special bride of Christ, men become saviors, high dignitaries of the church, inventors, a second Messiah, prophets, great reformers. The grandiose ideas of the paranoiac, while as absurd as those of the paretic dement, are of a fixed character, lasting for months or years, in contrast to the daily changings of the paretic.

An interesting form is erotic paranoia, in which the patient imagines himself or herself to be beloved by some one of a superior walk or station in life. He or she have supposed communication with the object of her or

his love, of course these communications are secret, as otherwise their enemies will find it out. They will pursue the beloved person with their undesirable attention, and, when they find that it is not only not wanted but even resented, a cause is looked for by the paranoiac and the idea of persecution develops. The subjects of this variety of paranoia are physically and psychically undeveloped.

The religious paranoiac gives himself up to excessive piety and devotion; he sees God, the Virgin Mary, Jesus, he talks to him and the angels. The inspiration of God is upon him, all the angels call to him. The female paranoiac cohabits with priests or St. Peter, a holy child will be born to redeem the world. Sexual perversions and masturbation naturally are very common in this variety. Often these paranoiacs will receive command from God to destroy the life of some sinful man or woman and in so doing save the world.

In the ambitious paranoiac the ideas of self-importance are the prominent symptoms. The patients are founders of new religions, saviors of mankind, poets, great generals, great reformers. According to Kraft-Ebbing three groups can be distinguished in this variety of paranoia. In the first the patients, exalted with their own importance, talk about their great achievements; they readily listen to the voices, which order them to accomplish some great things, reforms, or missions, to discover new inventions. If their order (no matter how ridiculous) or fantasies are opposed, the paranoiacs are ready to commit any violence, to crush anything that stands before them, and which, in their opinion, prevents the carrying out of their plans.

A great deal has been said and written about the intellectual strength of the paranoiac, but this is merely one of the mistakes as this intellectual force is not real.

While your paranoiac is a great talker, he is always right in all his ideas, and the rest of the world is always wrong. He is cunning and may be able to hide his delusions for quite a time, but all paranoiacs are very vain, and, by playing on this weakness, you can induce them to show what he thinks and believes.

A paranoiac has no feeling of altruism and gets no pleasure from giving pleasure. He is always a liar and in most cases has perverted sexual instincts. His unchangeable and fixed fundamental ideas are characteristic of the disease. He is a firm believer in his delusions and their false interpretation. With the intensity of the different symptoms he may present a preservation of an intellect comparatively unimpaired, but still dominated by delusions.

DIAGNOSIS.

In these cases where the delusions are apparent, their development, the systematized character, make the diagnosis not very difficult, but on the other hand in cases where the delusions are conformable with the ordinary things in life, the recognition of the disease is not such an easy matter. The

intense egotism, suspicion, neuropathic diathesis, will help some in making a proper diagnosis. In chronic alcoholic hallucination, we may encounter symptoms of paranoia, but there is a lack of permanent systematization as found in paranoia, and the history and symptoms of chronic alcoholism will help to distinguish it from paranoia proper.

The paranoid form of dementia precox resembles often pure paranoia. In the former however the onset is more acute, the hallucinations and delusions develop much more rapidly, they are not so fixed and so logically systematized. Silliness, sexual excitement as well as augmented excitement occurring in the former, are not the symptoms of the latter.

From melancholia, paranoia is distinguished by the fact that the delusions are systematized, and the paranoiac is persecuted wrongfully, while the victim of melancholia thinks he deserves his or her sufferings.

COURSE AND PROGNOSIS.

The course of the disease is chronic and ends after a long period in some mental enfeeblement, they seem to enter into a state of secondary dementia.

The prognosis is absolutely unfavorable. All reports of recovery from paranoia must be viewed with the utmost suspicion. It is more than doubtful if a paranoiac ever recovers; while remissions may occur, the affection in itself is incurable. The cases that have been reported, or will be reported as cured, should be under constant observation, and in time the delusions will return, or dementia supervene.

Paranoia never shortens life; many paranoiacs live to an advanced old age. The quiet and discipline of a well-regulated hospital or asylum may cause the delusions to disappear temporarily, but they will emerge again.

You will certainly notice that I have not a word to say about the morbid anatomy or pathology of the disease. I will leave this part to some greater and more scientific mind than mine. The disease is purely a functional one, and no pathological changes have been found in the brain of the paranoiac.

A word here about the so-called acquired paranoia, not based upon hereditary influence, as was first described some years ago by Magnun. The prognosis in these particular cases is somewhat more favorable, than in cases where hereditary influence exercises a prominent part. The evolution in these cases is slow, starts between thirty and forty years of life with prodromal symptoms. After two or three years delusions of persecution follow, which in the course of ten or more years change to delusions of grandeur, followed by dementia.

TREATMENT.

A paranoiac, having no intelligent will, should not incur responsibility for his own acts, and his person and property must be therefore placed under control and restraint, but it may be often difficult to decide, whether in such a case in a man, who is conducting a business or performing intellectual labor, should be confined to an institution or not. It sometimes is almost impossible to convince the people of such necessity, but one thing must be

remembered and remembered well—"a paranoiac with persecutory delusions is a most dangerous person to society at large, a dangerous person to be at large." Therapy, so far, has done little or nothing in paranoia, and the only agents having any effect to bring about a remission are a change of surroundings, constant physical labor, out of doors. Medical treatment is of no value whatever.

REFERENCES: Magnan's Lectures on Paranoia; Berkley's Mental Diseases; Schule's Die Paranoia Frage; Kraft-Ebbing's Lehrbuch der Psychiatrie; Bevan's Manual of Mental Diseases; C. Norman's Delusional Insanity; C. Burr's, Church's, Peterson's, P. D. Stedman's and Pates' works.

910 St. John's Place.

DISCUSSION.

DR. G. ALLAN ROWE (Buffalo): The paper of Dr. Adlerman was very interesting, and I think this last subject should be given more discussion. But there is one thing I want to refer to in Dr. Adlerman's paper, and that is the cause of paranoia. There is one pathological condition that should always be taken into consideration in every paranoiac, and that is varicocele. This has much to do with aggravating any abnormal mental condition. I knew of one man who was brought to my place two years ago who had lost control of his business, but physically there was nothing to be found that was wrong except varicocele. I told them there was no way to cure that but by an operation to which he objected; but finally he gave his consent and I operated on him. This was two years ago. He returned home in three weeks after the operation; inside of six months he was back at his business, that of farming and stock-raising, and today is perfectly well. This case was a typical one of paranoia, and I want to suggest to the members of this society not to overlook the condition of the reproductive organs in these cases.

DR. F. W. ABBOTT: I have not had the pleasure of listening to this paper, but I have heard of it, and from what I hear I infer it is one of the most valuable given before this association. One of the most prominent features I have noticed is this—that if a person gets to pitying himself he is in a bad way—if he takes himself too seriously—if he has lost his keen sense of humor. That is the best medicine to keep one out of the insane asylum. Whether or not the writer stated that paranoia is incurable I do not know, but I believe it is. I have yet to see a case of well-marked and diagnosed paranoia that recovered.

DR. LOWRY-LAMBERT: I wanted to ask Dr. Adlerman if sterilizing had any effect in this form of insanity, as it has in others. I want to know as a matter of information.

DR. ADLERMAN: I will first pay my respects to my good friend, Dr. Rowe. Admitting that Dr. Rowe made the right diagnosis, that it was a case of paranoia—he says he had varicocele and he operated for it, and the man was cured. But I want to tell him one thing; that is, that that man is alive yet. Admitting that he had paranoia, there are such things in paranoia as remissions. Your patient may seem to be thoroughly sane, but the time will come when all these delusions will appear again. Dr. Rowe therefore cannot say he cured his case.

In regard to diseases of the prostate and varicocele, from my limited experience and from the experience of people who have spent years in asylums where good records are kept, we do not find varicocele plays any more important part than any other features.

In regard to Dr. Abbott, I have covered a good many of his points, but he mentions pity. That is where he makes a mistake, because if a man starts to pity himself it is not an indication of paranoia; you may have the same thing in cases that are not insane; you have it in melancholia, and when a woman comes through the menopause she will have this symptom, and when that time passes she will be all right again. If you have this pity in connection with the other symptoms I have mentioned, that is a different story.

In regard to sterilizing, I have never sterilized anyone, but I am going by the records of those few cases that have been operated. There are one or two cases on record where after this operation was performed they had idiocy. I think personally that you can take a case of paranoia, or ordinary dementia, or any of these insanities, and sterilize the patient, and the insanity will still be there. Nine-tenths of the insane diseases in women are due to the removal of the ovaries. I could mention woman after woman that has been committed to insane asylums, where I could trace it to the time when the ovaries were removed. Some piece of them should have been left.

Discrediting Salvarsan.—As may be seen by reference to our department of Pith of Progressive Literature, page 1161, Professor Gaucher in *Presse medicale* for May 15, 1912, has brought a tremendous indictment against salvarsan. He contends that he has been preaching his gospel of disbelief for eighteen months and now finds himself corroborated in many particulars by Finger, of Vienna. Professor Gaucher's attack is so sudden and so categorical that his remarks are likely to cause wide discussion. The distinguished clinician will have naught of Ehrlich's remedy save *en dernier ressort* where mercury and potassium iodide have proved unavailing. He denies any sterilizing action to salvarsan and credits it with a merely cicatrizing effect on dermal lesions, which is rather dangerous than otherwise in misleading both physician and patient, and avers that it renders syphilis latent, to break forth with renewed fierceness after months of quiet. So uncompromising an attack will be heavily discounted by many experienced therapeutists and is certain to arouse antagonism in the minds of many who might have been convinced, at least in part, by a gentler and more judicial arraignment.

Medical Defense.—It has come to our notice that one of the companies most actively engaged in advertising itself as The Real Thing in the line of Medical Defense has a little clause in its contract which excuses it from participating in the defense of a malpractice suit in case this is brought as a counter suit because of a claim for fees. Now the Medical Defense Committee of the State Medical Society finds that those are exactly the circumstances under which a large proportion of the malpractice suits arise. These suits are just as troublesome and expensive and usually quite as unjust as most of the others. The result is that the insurance provided by the company under consideration does not actually insure. It would be well for those who carry insurance of this character to read their policies carefully to see where they stand.—*Wisconsin Med. Journal.*

The National Eclectic Medical Association

QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
FOREST, HARDIN COUNTY, OHIO.

Advisory Board..... { J. K. SCUDDER, M.D., Chairman. E. J. FARNUM, M.D.
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TO THE OFFICERS AND MEMBERS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION

The life of this association for the years 1911 and 1912 has gone into history. It has been a good year for our individual members as well as for the Association. We have nothing of criticism to offer for the past as it has been marked by hard conscientious work by the entire official force, and in many instances, the lay members of the Association, and hence we desire to commend them for the success that has attended their efforts. We are to be congratulated also that the onslaught that has been made on our ranks by ignorant, ill-advised people, backed by millions of dollars, has largely lost its strength for the present without accomplishing its purpose, and that it has brought into the minds of people formerly ignorant of its arrogance and desire for power, that this was primarily that which was hoped to be accomplished. We cannot conceive of an association of physicians imbued with an honest desire to promote the healing art, having for its principal object the benefit of humanity with an altruistic desire toward all people, attempting to legislate all other humanitarian institutions out of existence. Certainly, we can feel justly proud of the impression that has been created by our school of practice, and proud of the character of the impression, as well as the character that made the impression. It has not been one of request for blind submission but has enlightened where it influenced and taught where it made adherents; has held for better things, has counciled for better methods and awaited the results of demonstration to declare success.

We have seen a few of those partially educated men who desire medical knowledge for the financial power it brings, ally themselves with the majority; but those who study to understand and practice, with a high sense of responsibility both to their patients and their Creator have not wavered in that their confidence that Eclectic methods and Eclectic practice is solely in

the interest of the afflicted. We do not commend to you this course of the past for the present or future simply for the benefit of the Eclectic school or Association as that is only the name of the organization of men associated in their investigations for relief of the suffering, but as members of the same Eclectic Medical Association we may so improve the time for the coming year in the interests of the sick that this association will next year and all the years to follow continue to be the time and the place for the gathering together of the factors which make up our association, working for the alleviation of suffering and advising proper education to right living to those who are dependent upon us for our services, that they may receive the greatest good.

We shall succeed as practitioners and as an association just so long as we have something to give; so long as we fulfill our mission and so long as we supply something that is needed in this great growing world that demands that everything worthy of perpetuation should meet the requirements made of it to return to the people at least sufficient in benefits. Now, let us do this; we desire that whatever representative of this society in whatever part of the world he may live, may look around him, not to find fault with whatever may be within his field of vision, but that he may be of material assistance to his constituents and to humanity, which may be by bringing to the assistance of his State or National body some greater accomplishment than that of the past. We trust that at home and abroad members may at all times feel the great success in assistance to each other, not that they may immediately profit by such services, but that the full responsibility may be met with full services. We hope to have every member working for the accomplishment of this object for the present year, and anticipate the usual excellent meeting and good reason for attendance.

F. L. Wilmeth.

THE NATIONAL.

For several years the National Association has grown in strength and numbers. We have thus been evolving along the lines of the times. This growth has come out of necessity. To preserve our identity, to look out for our welfare and to conserve the interests of freedom of thought and to, in our way, measure up to the high ideals of American citizenship we must organize to secure to ourselves and the people the freedom characteristic of American institutions.

Many years ago the reformers openly gave voice to the principles which were crystallized into the successful and improved practice of the healing of the ills of men. We today have the privilege of witnessing the great strides taken by all in the effort to better the environment, to lessen the dangers of infection and to mitigate the suffering of our fellow man.

With all this we should continue to co-operate. But the question seems to puzzle the minds of some as to the best way for us, as Eclectics, as a

body of men whose very existence began with the birth of medical reform, to lend our aid to the advancement of the profession.

Reforms in medicine, like reforms in any other line, are led and manned by those who primarily stand for something. Those who are thinkers and those who do things, the men who find most pleasure in being promoters of advancement and who can see ahead of the fogs and dust that cloud the view of those who are only followers and who find it easier to follow the procession than to lead, are the people who must, sometimes alone, champion the cause of the masses.

The National Eclectic Medical Association will continue to gather those who are willing to stand for the best as they see it, being willing, as in the past, to give due credit to the work and discoveries of all co-workers, and making such use of the best that comes to hand as the conditions will allow.

While we are looking for the best means the world of medicine can produce we would certainly be deserving of our fate if we allow ourselves to be cut off from all the freedom and privileges of American citizenship because a few politicians have so decreed.

It should be made clear that we are not inviting trouble. That we as an organization have higher and better purposes in our existence than political warfare, yet how long would we be worthy of a place in the medical world if we tamely submitted to being legislated off the continent.

There is no reason to find fault with those who entertain views differing from ours. We gladly accord them the privilege we take for ourselves, that of doing the best as they see it.

There are, no doubt, some who feel we should unite with the dominant body and all "just be doctors," but the good done by our body of practitioners has all been done without the aid or association of the dominant system of practice, and if we are to do any more good let us do it ourselves and keep up the enviable reputation we have established of giving to the world freely of all we have and in return making use of all we find free from harm and capable of doing lasting good.

We are not inclined to believe that ready acceptance of any and all the new things constitutes the wise action of medical thinkers. During the past ten years we have seen the rise and fall of hundreds of new, so-called, remedies. This is not said in a spirit of condemnation nor would we take from any the least of the credit due. But it demonstrates to us the wisdom of carefully considering all new theories and remedies, for time alone will fix their places and establish their usefulness or demonstrate their unfitness for use.

With those who feel the National should fall into line with and adopt all the untried and unproved theories and remedies and accept all laws and rules and regulations intended to establish needless medical power we have no quarrel. We trust they will feel satisfied to go where they find it most congenial and permit us to continue to do the same.

The policies of the National Association have been recently, more than ever before, the result of the combined wisdom and experience of represen-

tative Eclectics from all over the United States. More than ever before has it been the effort to make it the representative body of all. Less than ever before have we had the tendency for any man or body of men to rule or dominate. Harmony and good will, the interests of all and the loyal determination to perpetuate the freedom of medical thought have been the unifying and strengthening features of the rapidly growing body.

Come and join us. WM. P. BEST.

THE NATIONAL.

The forty-second annual meeting of the National at Washington, D. C., June 18-21, was one of the largest and most successful in its history. Nearly 200 members were in attendance.

The meeting was opened promptly by President Stephens, of St. Louis, invocation by Rev. Henry N. Couden, chaplain of the House of Representatives; address of welcome by C. H. Rudolph, commissioner of the District of Columbia; F. W. Abbott, of Massachusetts; J. T. Sibley, of New York, and response by R. L. Thomas, of Ohio.

Secretary Best's report showed an increasing membership now closely approximating 1,300. Editor Mundy's report on the NATIONAL QUARTERLY was equally satisfactory, showing a circulation of over 1,500 at a net cost per capita of sixty-nine cents.

Treasurer Sharp's report showed all bills paid and a balance of over $1,800 in the treasury.

President Stephens' annual address was very comprehensive and scholarly and was well received, as were the addresses of John Uri Lloyd on "American Materia Medica," J. A. Munk on "Climatology," J. T. Sibley on "Eclecticism" and R. L. Thomas on "Eclecticism's Greatest Need." All these will be condensed and printed in pamphlet form for general distribution. The detailed report of the five district organizers showing excellent results for the past year was received and their work will be continued, chiefly by correspondence, by the new Chief Organizer W. N. Mundy, of Forest, Ohio, who will also continue the valuable QUARTERLY. The services of a capable stenographed will be added to this combined office.

The new *Board of Delegates* sat with twenty-four members, one regularly appointed from each State and college, taking the place of a former "advisory committee" and "electoral committee." They satisfactorily settled many intricate questions of finance, policy and management.

A strong resolution was passed opposing the Owen Bill on principle, but declining alliance with any other organization.

Many valuable papers were read and discussed before the eight sections.

Automobile rides over Washington and the steamer trip to Mt. Vernon were very enjoyable and well attended.

The following officers were elected for the ensuing year:

President—F. L. Wilmeth, Lincoln, Neb.

First Vice-President—C. M. Ewing, Harrisburg, Pa.

Second Vice-President—Mary B. Morey, Smiley, Texas.

Third Vice-President—G. B. Bristol, Middlebury, Conn.

Recording Secretary—W. P. Best Indianapolis, Ind.

Corresponding Secretary, Organizer, and Editor of the National Quarterly—W. N. Mundy, Forest, Ohio.

Treasurer—E. G. Sharp, Guthrie, Okla.

Next meeting, Dallas, Texas, June 19-22, 1913, taking advantage of the Homeseekers' reduced railroad rates granted to the southwest on the third Tuesday of each month.

The National tacitly promised to meet in Texas whenever invited by the State Society—now one and all boom the 1913 meeting for

DALLAS, TEXAS, JUNE 19-22, 1913.

SCUDDER.

MEDICAL SCHOOLS.

Dr. Pritchett and Abraham Flexner, of the Carnegie Foundation, have made another report on medical schools and given it broadcast to the newspapers for publication. It is strange how eager they are to belittle American institutions and with what avidity they leap to the secular press to print their stuff.

There are two sides to every question and every man familiar with conditions can fathom the purpose and can well see that Flexner's report was prejudged. All his previous reports, even before visiting foreign schools, made an unfavorable contrast between American and foreign medical and literary schools. The Council of Medical Education of the A. M. A. preceded him by years in this notable undertaking. The report is not true, inasmuch as it does not tell the entire truth. The conditions of society, the standing of medical men, the entire system of education, the laxity of discipline in German institutions are not set forth; hence the comparison is not fair and full, and, as we have just said, was anticipated even before the dollars were expended in inspection.

Without desiring to be tiresome we here insert an editorial from the *New York Medical Journal*, of June 29. We are certain that the editor of this journal is as competent to form an unbiased opinion as is either the president of the Carnegie Foundation or Mr. Flexner:

"Another criticism of the medical schools of the United States and Canada has been issued, under the auspices of the Carnegie Foundation, based upon an inspection by Mr. Abraham Flexner, of the medical schools of Germany, Austria, France, England, and Scotland. Certain newspapers have been treating their readers to sensational details, which, without the qualifications that the original text must doubtless contain, misrepresent the whole situation. It is to be feared that quacks of all kinds will find therein substantial help to advertise their wares and prosper, while the multitude of self-sacrificing, underpaid physicians of our country will be made increasingly to suffer. It is for the medical profession itself to judge of the merits of the Carnegie Foundation and its methods, and we would venture to suggest that the Council of Education of the American Medical

Association and many State boards have accomplished much—everything in fact has been done so far—to rid the country of its defective schools.

"Many of our schools do not compare unfavorably with foreign institutions of the first class. Those of us who have studied in Europe know full well the existing laxity in the attendance at lectures—a defect which does not exist here—and the many hours borrowed from the first two years of curriculum work for questionable pleasures; they know that compends are used freely in Europe; they know that laboratory instruction is very deficient in many foreign schools, and that certain studies, experimental pharmacology as practiced by the student himself, for example, are unknown quantities in all but few European institutions. Even the clinical teaching is in some European schools a perfunctory affair, either mere amphitheatre instruction to hundreds of students, or a march through the wards with a short stop here and there, in no way comparable in actual practical value with the ward instruction given in many of our own institutions. The report will doubtless prove the correctness of these assertions.

"The crucial point of the question, however, is available in the relative showing of European and American graduates before our State boards. Here foreign schools do not stand on even terms with the forty-seven American colleges which have less than 10 per cent. of failures, nor even with the twenty-one which have between 10 and 20 per cent., but they *do* stand with those having over 20 per cent. of failures, our third class. It is futile to urge ignorance of the language as a plea for this poor showing; every candidate knows well enough that he must be able to understand written questions, while the great similarity of technical terms in the various languages and also of all the branches as taught in the various countries, places him fully on a par with his American colleague—the most devoted and painstaking of all students.

"Some of our colleagues of the lay press defend our schools. 'In considering the reports,' states a lay editorial writer, 'it must be remembered that many of the ideas from abroad that appealed so forcibly to the investigator are being adopted in this country as rapidly as circumstances will permit. Notably is this true in the matter of clinical study. Medical schools are coming more and more to maintain close relations with great hospitals, higher standards for admission are being established, the curriculum is being made more practical. Instances in proof could be cited if necessary. It is well to have the facts regarding present day medical education in Europe set before us, but it should be kept in mind that the conclusions presented are those of a single investigator, that they possess no weight of official authority, and that there are many defects in the European system which might be disclosed under a more rigid and less sympathetic scrutiny.'"

We firmly believe that the animus of the entire situation is to force all medical and literary schools into the universities. If the primary object is to elevate the standard of medical schools, there is nothing to hinder our larger and richly endowed schools elevating their preliminary requirements as high as they please. Johns Hopkins, Harvard, Cornell and others voluntarily raised theirs. No pressure was needed. They were honest in their efforts for the advancement of medicine.

Some schools, loud in their protestations of honesty and vigorous in their denunciations of others, are not always free from suspicion. It is the other fellow they are after. Personally, we believe the preliminary requirements are high enough, so far as their obligatory nature is concerned.

Those that desire can require as much more as they wish. There can be no limit placed upon the true student and scholar, not even after graduation.

We have contended that the first class or four-year high school course of America is more than the English preliminary requirement (QUARTERLY, Vol. 1, page 208).

We append the following, also clipped from the *New York Medical Journal,* which is self explanatory:

"It is interesting to note in connection with our remarks on the report of the Carnegie Foundation what the *Lancet* for June 15 has to say regarding the preliminary examination of medical students in Great Britain. Discussing a report of the Education Committee of the General Medical Council, the *Lancet* writes editorially of the 'deplorable illiteracy' that prevails among medical students at the present day. 'But,' it continues, 'surely this is rather a reproach that should be levelled at the condition of secondary education in England generally, and to remedy the admitted defaults in secondary education is hardly the business of the General Medical Council.' The *Lancet,* however, agrees with Sir Clifford Allbutt that many young men await intellectual awakening until they have reached the stage of technical education, with the result that certain defects in their form of literary accomplishment may remain without detracting from the value of their professional work. The hope of the Education Committee, as expressed in the report referred to, is to make the preliminary examination bring out the thinking powers of the candidate, if he has any, and to make it a proof that he has 'learned how to go on learning.' "

An objection has been made that our high schools cannot successfully teach the pre-medical studies. It would appear to me they can do so as successfully as it can be by a correspondence course.

The following letter is from one of the universities most solicitous in raising the standards, and one held up as a *model school.*

"My Dear Sir: We offer correspondence courses in physics and biology which will enable your young friend to fully meet entrance requirements in these subjects, but we do not offer the elementary work in chemistry to non-resident students. 'General Inorganic Chemistry, A,' page 44 of this Announcement, presupposes at least a year of high school with the customary laboratory practice.

"The two Majors of 'Elementary Physics,' page 43, offer the full equivalent of the regular high school work in this subject. The content of each of these Majors and the kind of work expected of the student in them is shown in the accompanying small folder.

"The text-books for this course are: Millikan & Gale: *First Course in Physics* (Ginn), $1.25; Millikan & Gale: *A Laboratory Course in Physics,* 40 cents; for 'General Biology,' page 45, the student will need the books shown on the accompanying sheet. This course is designed to afford an introduction to biological study and to acquaint the student with the present day viewpoint and methods of work in this field.

"If the young man has not access to a well-equipped high school physical laboratory he will need the set of apparatus which we loan to such students for a deposit fee. This fee for the apparatus for 'Elementary Physics, A' is $15.00. In 'General Biology' a fee of $5.00 is charged for the materials furnished and the loan of necessary slides. These fees are additional to the charge for tuition, $16.00, $30.00, or $40.00, according as one, two or

three Majors are chosen and the statutory matriculation fee $5.00. Books, special instruments, stationery and postage are the other items of expense. To summarize, the amount which should accompany the young man's formal application for 'Elementary Physics, A' will be $21.00, or, if he wants the apparatus, $36.00. The amount in case he applies for 'Elementary Physics A' and 'General Biology' will be $40.00, or $55.00 if he wants the set of apparatus for 'Elementary Physics, A.' He can add to these amounts the cost of any of the text-books which he wishes us to furnish and so send for everything at one time.

"One may begin any correspondence course for which he is prepared at any time by forwarding his formal application and the fees. A Major calls for upwards of 150 hours of work. Progress may be as rapid as ability and application permit.

"We enclose blanks and shall be pleased to render any further service possible."

The text-books here named are used by many of our high schools.

The newspaper criticism says, "Medical sects, such as homeopaths, eclectics, osteopaths, etc., are practically unknown in Europe." The truth is the widest liberty is enjoyed in Europe. Homeopathy had its origin in Germany. Sects and cults of all kinds are permitted with but little restraint. Read the debates in the German Reichstag last winter and the discussions that occurred there would open our law-makers' eyes to the medical freedom permitted. Homeopaths and Herbalists are freely tolerated in England and quackery of the most barefaced kind permitted. What was the nature of the business of the physician that murdered his mistress last year and was captured in Canadian waters?

To note the methods employed in the advertising of patent medicines in England, read the *Journal American Medical Association,* July 20, 1912, and note the comparisons and comments there made.

In Germany, when a patient enters a hospital for treatment, he or she must submit to any operation the surgeon deems best and to an autopsy at the close of the scene. Friends are powerless to interfere. Do we want such conditions in our hospitals? Comparisons are odious, but when making them, tell it all, not that portion only that best suits your case.

The late President Garfield's definition of a college no longer obtains, personnel of the teachers count for nothing. It is dollars, brick and mortar, especially the first, that make the college. M.

EXAMINATION AND REGISTRATION BOARDS.

There is some danger that our examining boards, like our health boards, will overstep themselves. Constantly nagged by the Council of Medical Education of the A. M. A., they are not only raising preliminary requirements but the curriculum of our medical colleges. Recently, in one State, they have presumed to dictate the furniture used in the laboratories. The kind of desk for the student, the style of plumbing and even the teacher's desk must be of a certain type and character. They even presume to say

what shall be the minimum salary paid. This latter demand is trades-unionism of the most damnable type. We firmly believe that herein they have overstepped the mark. If I make an agreement to teach for a certain sum, or, in fact, perform any mental or manual labor, if both parties interested are satisfied, it is our own business. Society is not interfered with in any way, and no one has a right to interfere; in fact, should I choose to render my services gratuitiously or donate my salary to the school, no board officer or court has any business to interfere. The boards are going too far. Legislatures are making many exemptions to the fulfillment of these laws, in other words, too much class legislation, and the danger is the entire fabric will be broken and medical education return to the same condition it was twenty-five or thirty years ago. M.

NOTICE.

The membership certificates are made out but once annually. Some applications were received so late that they had to lay over, or too late to have the president sign the membership certificate. Thus in some cases long delay in receiving the certificate results.

It would be gratifying if those receiving their certificates would send a postal card announcing such fact to the secretary. Likewise, we would consider it a favor if any who do not receive certificates in a few days would notify the secretary, for all new members for the past twelve months should have received them on or before July 20th.

Permit us to call attention to the laws governing the application for membership:

"Upon the recommendation of the Committee on Credentials, this association may receive as members such persons as are the members of a State Eclectic medical society a member of this association, who are graduates of Eclectic medical colleges that are recognized by this association; or such Eclectic practitioners as may be legally qualified to practice in their respective States; or other reputable physicians, qualified as above, who pledge themselves to uphold the principles of Eclecticism, as shall be duly recommended by a State Eclectic medical society that is a member of this association; also applicants from States where there is no State Eclectic medical society," etc.; further—

"Credentials shall set forth his or her *academic rank,* the *institution from which and the year in which* he or she received the degree of doctor of medicine, and *the time during which* he or she has been engaged in the practice."

Attention to these laws on the part of applicants and State secretaries will save much unnecessary correspondence. When an applicant wishes to become a member he should apply for a blank and fill out all the spaces left for that purpose and hand or send it to the State secretary, as we have no right to act on it until endorsed by him, unless the applicant lives in a

State having no society, then the whole responsibility of his acceptance rests with the Committee on Credentials. B.

"President Carmichael made a good presiding officer. His suggestion that the Institute should appoint a committee to confer with the National Eclectic Association, which the Institute approved, has in it possibilities of danger. The idea at the bottom of the proposal seems to have been an offensive and defensive alliance with the Eclectics against the A. M. A., although this purpose was concealed. The danger is that a man is sometimes known by the company he keeps, and it is an indisputable fact that the educational standards of the Eclectics have not been as high as those maintained by our Homeopathic organizations, and that the Eclectics have an unfortunate habit of flirting with that maiden of uncertain reputation, the League for Medical Freedom, which the Institute can afford to leave severely alone."

The above is clipped from an editorial appearing in the *North American Journal of Homeopathy*, and though not only offensive, is untrue. It is said "that a person living in a glass house should not throw stones," and this applies to our friends the Homeopaths, for the A. M. A. has been as discourteous to them as to the Eclectics. The editor of the above journal seems to desire to court the favor of the A. M. A., judging from past utterances, but he will find that when he does so the result will be only another illustration of the old song of the spider and the fly. The designs of the political leaders of the A. M. A. are as sinister toward Homeopathy as it is toward Eclecticism.

The standards of Eclecticism are as high as is Homeopathy. With but very few exceptions have the rulings of the Medical Council of the A. M. A. been any more lenient toward Homeopathy than it has been toward Eclecticism, and our friends may do much worse than keep company with Eclectics. We are gentlemen, comply with all the laws of the States, and attempt to follow our code of ethics, which is no meaningless jumble of words, but simply the Golden Rule. We do not flirt with the League for Medical Freedom any more than do our friends. Individual members have, but no society has as such. Many prominent Homeopaths have done the same; so have many Regulars, and personally we think it is a matter for their own personal judgment to dictate. They might do worse, for I verily believe there are many men honest in their opposition to the Owen Bill and other similar bills. For myself, I am thoroughly convinced there is no real merit or need for it. The Public Health and Marine Hospital Service are doing the work of protecting our health efficiently and satisfactorily, as many notable instances in the past few years evidence, and the creation of a new department is but opening the avenue for a long retinue of needless officials and expenses, and placing the entire situation into the hands of practical politicians.

The portion of the editorial quoted is but a gratuitous insult to a large number of an honorable profession, and an example of sycophantry that is not only contemptible but purposeless and useless. MUNDY.

We believe that Editor Porter takes a narrow view of the situation. An alliance of the Eclectics and Homeopaths, offensive and defensive, would be productive of much good, and we trust an early conference between committees of these two national organizations will result in material advantage to both liberal schools of medicine.

Our Homeopathic friend is not entirely conversant with the facts in his second criticism. Our National at Washington declined positively to ally itself with the League for Medical Freedom, and at the same time decided to oppose the Owen Bill as it stands at present. Dr. Crutcher, the chief organizer of the League, is a Homeopath.

The other criticism is gratuitous; the six Eclectic colleges will compare favorably in every way with the twelve Homeopathic schools, and our national and State societies, while not as large numerically, produce just as many advances along all medical lines, particularly the development of our indigenous plant remedies, as our Homeopathic colleagues.

We notice in reports of the A. I. H. that they had a conference with the A. M. A. to try to patch up the demoralized Owen Bill, but we fear a *post mortem* is impending.

It is strange to see the A. I. H. flirting with the A. M. A., and several of the old war horses of Homeopathy were badly chagrined.

SCUDDER.

FRANK LINCOLN WILMETH, M.D.

Frank Lincoln Wilmeth, surgeon, Lincoln, Nebraska, was born in Salem, Henry County, Iowa, August 19, 1862. He is a son of William H. and Esther Conner Wilmeth. His father was of German-English descent and a soldier in the Civil War under Grant and Sherman, serving in Company F, Twenty-fifth Iowa Infantry. His mother was of Scotch descent, was the daughter of a prominent Quaker family of eastern Iowa. F. L. Wilmeth acquired his earlier education in the public schools and at Whittier College, a Quaker school of Salem, Iowa, and taught school two years in Henry County, removed to Nebraska in 1887, and engaged in teaching in Furnace County, Nebraska. He graduated from the Lincoln Medical College, Medical Department of Cotner University in 1894, and took postgraduate work at the Bennett Medical College in 1900, and the following year at the Chicago Clinical School, having special instructions under Professor Eckley, author of Eckley's Surgical Anatomy, and annually renews his acquaintance with his work by association with the leaders of his profession in the middle West. He practiced medicine at Eagle in Cass County, Neb., from 1894 until 1898, when he removed to Lincoln to take charge of the College Hospital as superintendent. He lectured in the medical college, Medical Department of Cotner University, on anatomy in 1894 and 1895, and during the following six years taught materia medica and therapeutics, was then elected to the chair of surgery, which position he still holds. All the authorities of all the schools of medicine of the time may be found on the

shelves of his library, the most reliable and those which are most relied upon and practiced are those which conform to Specific Medication. In 1896, he was selected as a member of the Board of Directors of the Medical College Corporation, and continued as such until 1910, during which time, in 1898, he served as treasurer, and president from 1901 to 1904, as dean of the college from 1906 to 1908 and from 1909 to 1911, when he requested the appointment of a committee by the State society to take the active management of the Eclectic Medical School of Nebraska, this resulting in creating the present Medical Department of Cotner University. Dr. Wilmeth was surgeon for the Nebraska State Penitentiary from the year 1901 to 1903. He has served as a member of the Board of Directors of Cotner University since 1901, which same year he served as vice-president of the National Eclectic Medical Association. He belongs to the State Eclectic Medical Society and the City Specific Medication Society, and was secretary of the State Society from 1898 until 1905, the attendance increasing during this time from eight to ninety, when he was chosen president. He conducts a sanitarium, called Esther's Hospital, named for his daughter, located at the corner of Seventeenth and J Streets. Dr. Wilmeth is one of those who throw their lives into their chosen calling, and conscientiously labor for the upbuilding of the profession. He has been the influence that has not only assisted the school and society to maintain their integrity, but has also been that with which it was necessary for those to deal who were not particular as to the character of the school or desired its annihilation. He accumulated a large share of the stock of the old corporation to protect the institution from improper influences. He has a host of friends in this and adjoining States, where he is known as a warm advocate of Eclectics and Eclectic institutions, not simply because they are Eclectic, but because he believes that to be the best system of practice for the people and as such is best for the profession. He is known as a good fighter and a good friend, and controversies either within or without the ranks are not taken as a personal matter, the best interests of the school and society being at all times paramount to personal consideration for anyone and himself included. He is a Scottish Rite and a York Rite Mason, a Shriner, and belongs to other fraternal organizations. He is a member of the Lincoln Commercial Club, and has been a member of the Christian Church since young manhood. Dr. Wilmeth married Jessie Drummond in 1889, at Arapahoe, Neb., a niece of Captain Drummond. They are the parents of four children: Ossie, a student in Cotner University; Hal, Elmer and Esther, who are attending the public schools of Lincoln, Neb. He has been active in the affairs of the city and State, and we know that a good selection has been made and that all that he can do will be accomplished for the success of the meeting at Dallas.*

WM. CHARLTON, M.D.

No man is good enough to govern another without that other's consent.—*Abraham Lincoln.*

* Largely taken from the records of the Nebraska State Historical Society.

APPLICATIONS FOR MEMBERSHIP IN THE NATIONAL (JUNE 18 TO AUGUST 18, 1912).

Arkansas.

Burlingame, R. W., Paris.
Choate, W. G., Hot Springs.
Clay, M. T., Litttle Rock.
Crandall, J. M., Charleston.
Lewis, J. F., Little Rock.
Messenger, C. D., Hot Springs.
Nichols, Robt., Ft. Smith.
Ratterree, I. C., Little Rock.
Sullivan, E. L., Poughkeepsie.
Weatherall, W. M., Garnett.

California.

Childs, B. N., San Maria.
Fearn, Walter H., Lake Port.
Hoffman, R. O., San Diego.
Hunsaker, H. W., San Francisco.
Roath, Clinton, Los Angeles.
Smith, Harry Clyde, Los Angeles.
Snypp, Theo., East Auburn.

Connecticut.

Hart, A. H., Unionville.
Ruben, George, New Haven.

Georgia.

Akin, B. F., Jenkinsburg.
Cowart, O. J., Alpharetta.
Katzoff, Simon L., Atlanta.
Smith, H . T., Snellville.

Illinois.

Cory, J. H., Geneva.
Manley, W. C., Franklin.
Stedem, F P., Saybrook.
Tallerday, G. C., Sr., Belvidere.
Weaver, D. P., Avon.

Indiana.

Reasoner, W. S., Swayzee.

Iowa.

Huchins, H. S., Des Moines.
Miller, Eva, Conway.
Rice, U. A., Des Moines.

Kansas.

Lathrop, P. L., Olathe

Massachusetts.

Buck, C. E., Boston.
Derby, Fred., Arlington.
Racine, Ernest B., Everett.

Michigan.

Nafe, Geo. W., Tremont.
Russ, O. C., Lake Odessa.

Missouri.

Boone, J. W. C., Kansas City.
Feller, C. E., Lohman.
Fowler, L. W., La Russell.
Harmon, W. R., Belleflower.
Harris, G. D., Jamesport.
Hiner, B. C., Kansas City.
Marshall, L. L., Kansas City.
Martin, W. C., Kansas City.
McCubbin, S. M., Kansas City.
Morgan, F. L., Kansas City.
Nufer, F. M., 1816 O'Fallon St., St. Louis.
Pruett, J. W., 6006 Va Av.,St. Louis.
Roheback, E. C., Flat River.
Smith, H. A., 3219 Dodier St., St. Louis.
Tracewell, Geo., 6212 Easton Ave., St. Louis.
Taylor, I. C., Kansas City.
White, R. L., Kansas City.
Wiesner, B. J., 2043 Sidney St., St. Louis.
Wilhite, G. O., 4358 Easton Ave., St. Louis.

Nebraska.

Asa, O. C., Ong.
Bently, R. L., Lincoln.
Bonman, D. J., Raymond.
Bonman, J. E., Loop City.
Dwiggins, F. P., Lincoln.
Kent, J. M., Kenesaw.
Palmer, D. S., Holdredge.
Shrock, J. B., Broken Bow.
Vallicott, O. J., Republican City.

New York.

Ensign, D. E., Courtland.
Epstein, Stella S., New York.
Marlow, Pineus, New York.

Pennsylvania.

Armstrong, Wm. A., Philadelphia.
Blough, E. R., Carrick.
Gurley, L. M., Johnstown.
Mackie, A. J. H., Philadelphia.
Shultz, M. B., Johnstown.
Winzel, J. W., Donegal.

South Dakota.

Hyde, A. W., Brookings.
Kellogg, H. E., Madison.
Morehouse, E. M., Yankton.

Texas.

Armstrong, A. F., Speegleville.
Copeland, Mrs. W. M., Loraine.
Copeland, W. M., Loraine.
Hook, Chas. O., Ft. Worth.
Leamon, N. C., Thornton.

Wisconsin.

Hawlet, F. M., Minocqua.

EXAMINING BOARDS CONFEDERATIONS.

We learn that the American Confederation of Licensing and Examining Boards, which met in Columbus, Ohio, in April, was not consolidated with the National Confederation. The American Confederation, which is the stronger body, has always been fair to all schools of medicine, while the National is the creation of the American Medical Association and is only on its surface *seemingly* fair. This is shown by the fact that this association balked on the proposition to have a standing college committee, to consist of college members, representing the different schools of medicine proportioned as they are represented in the several State medical boards. The American Confederation would not consent to anything less, and thus the position of the National was made very plain and its ulterior objects apparent.—*Medical Century*.

NEWS NOTES.

Arkansas.

Jacob S. Gregg, M.D., is located at Sherrell, and is in the employment of the Southern Railroad.

Arizona.

The following have been appointed members of the Arizona Board of Medical Examiners: Dr. W. A. Holt, Globe, was elected president; Dr. R. M. Tafel, Phoenix, vice-president; Dr. John Wix Thomas, Phoenix, secretary-treasurer; other members of the Board are Dr. F. E. Shine, Bisbee, and Dr. George R. Sampson, Winslow.

A measure to establish a one school allopathic State medical board was recently defeated in the legislature of Arizona. The bill was passed by the Senate, but killed in the House. It was backed by the medical trust and its provisions were said to be "liberal," but were opposed and defeated because it recognized only one school of medicine.

California.

Dr. A. Florence Temple has changed her address to 1164 O'Farrell Street, San Francisco.

The large medical and scientific library of Orin Davis, M.D., of Sawtelle, Cal., has been given to the California Eclectic Medical College. Among the books are some old and rare works, which are highly prized.

The thirty-third annual commencement of the medical college was held Friday, May 17, in the Assembly Hall of the college.

Dr. Oran Newton was elected president, and Dr. E. R. Harvey, vice-president, of the Southern California Eclectic Medical Association, May 7, at the annual meeting, which was held at Long Beach.

The annual convention of the California Eclectic Medical Society was held at the St. Francis Hotel, of this city, May 28, 29 and 30. The following officers were elected for the ensuing year: President, Dr. Florence Temple, of San Francisco; first vice-president, Dr. A. E. Ormsby, of Centerville, Cal.; second vice-president, Dr. J. P. Martin, of Reno, Nev.; recording secretary, Dr. H. Ford Scudder, Redlands, Cal.; corresponding secretary, Dr. B. Roswell Hubbard, of Los Angeles; treasurer, Dr. J. A. Munk, of Los Angeles; board of censors, Dr. H. Vandre, San Francisco; Dr. A. S. Tuchler, San Francisco; and Dr. Oran Newton, Long Beach.

Dr. W. J. Lawrence has moved his office from the Ferguson Bldg., to 533 Armmings Street, Los Angeles.

Dr. C. N. Miller has changed his address to 2152 High Street, Oakland.

Dr. F. Voss Mohan has removed from San Pedro to 730 S. Grand Avenue, Los Angeles.

Congress has been asked by the Public Health and Marine Hospital Service for an emergency appropriation of $500,000, a considerable part of which it is proposed to spend in stamping out bubonic plague in the rural districts of California. The service report says that the plague has become menacing recently through the infection of ground squirrels. About $14,000 a month is being spent in dealing with this situation, and it is said that there is no telling how long it will take to free the Pacific Coast of traces of the disease.

Colorado.

The twenty-third annual meeting of the Colorado State Eclectic Medical Association met at the Auditorium Hotel, Denver, May 6, 7. Among the visitors were Dr. F. L. Wilmeth, of Lincoln, Neb., the latter representing the National Association. Dr. Wyman addressed the association on the "Eclectics' Place Publicly, Socially and Professionally." The papers and discussions were good and a lively interest in the future of the society manifest. The *Nebraska Medical Outlook* was made the official organ of the society. The officers-elect for the coming year are: President, J. A. Dungan, Greely; vice-president, Dr. W. O. Patterson, Pueblo; secretary-treasurer, Dr. Geo. H. Candlin, Eaton.

Connecticut.

The Eclectic Medical Association met at the Allyn House, Hartford, May 14. There was the usual attendance. The papers and discussions were good. All the officers were re-elected save only the president, Dr. L. D. Fuller, who was succeeded by Dr. James E. Hair, of Bridgeport.

At the eighty-first annual commencement of Wesleyan University, at Middletown, Conn., held on June 19, the degree of doctor of laws was conferred upon Dr. Amos J. Givens, proprietor of Givens sanitarium for nervous diseases at Stamford, Conn.

Georgia.

The Board of Medical Examiners of Georgia has refused to grant licenses to the eleven individuals constituting the first graduating class of the Southern College of Medicine and Surgery, on the ground that three of the graduates had been allowed full credit on their terms for two years, which each had spent in an osteopathic school, and that the other eight were students in a college not properly equipped to teach medicine and surgery. The dean of the college states that he will bring mandamus proceedings to compel the board to issue the licenses.

Illinois.

The Illinois State Senate killed the bill appropriating $120,000 for the establishment of a medical department of the University of Illinois. The appropriation sought would have enabled the university to establish a two-year preparatory course in medicine at Urbana. Having discontinued its old medical school in Chicago, the university now will be without a medical department.

The Illinois society met at Peoria and elected the following officers for the coming year: President, W. E. Kinnett, Peoria; first vice-president, Mareva Boran, DeKalb; second vice-president, Chas. H. Hulick, Mt. Sterling; secretary, Finley Ellingwood, Chicago; corresponding secretary, John Percy Bennett, Chicago. Delegate to the National, Richard J. Lambert, St. Charles; alternate, J. B. Davis, Pontiac. Member of Committee on Organization and Legislation for National, J. Percy Bennett. Next place of meeting, Chicago. *Ellingwood's Therapeutist* was made the official journal for the society.

J. B. Davis, M.D., has removed from Pontiac to 402-403 Masonic Temple Bldg., Peoria.

Materia Medica in Illinois.—The following resolution was adopted by the Illinois State Board of Health at their meeting, held in Chicago, June 29, 1912:

Whereas, Materia medica, "that branch of medical science which treats of the substances used in medicines, their origin, composition, physical characteristics, chemical properties, modes of preparation and administration, physiological and toxicological actions,"—to quote from a leading authority on the subject—constitutes one of the sound fundamentals of a medical education, and

Whereas, A lack of demonstrable knowledge, on the part of a physician, of this essential branch of medicine, indicates a medical education insufficient for the practice of medicine and surgery in all their branches, and,

Whereas, In the opinion of the Illinois State Board of Health, it is necessary that an adequate test by examination be exacted of the applicant for medical license in Illinois, in the subject of practice of medicine, particularly in the phase of practice, relating to applied therapeutics for the treatment of disease, and,

Whereas, Certain examining and licensing boards, with some of which the Illinois State Board of Health now sustains reciprocal relations, fail to exact an examination in either one or both of the above-mentioned subjects, therefore,

Be it Resolved, That, after this date, the Illinois State Board of Health will require candidates from other States, seeking license through reciprocity, to pass an examination in the subject of materia medica or practice, or both, when an examination in such subject or subjects has not been exacted of the candidate by the board of the State from which he comes.

At the end of this session the College of Physicians and Surgeons of Chicago ceases to be the medical school of the University of Illinois, on account of the State legislature failing to appropriate funds sufficient for the needs of the school. The college will be continued as a private school, as before its connection with the university.

Indiana.

At the annual meeting of the State Board of Medical Registration and Examination, Dr. James M. Dinnen, Fort Wayne, was elected president; Dr. William A. Spurgeon, Muncie, vice-president; Dr. William T. Gott, Crawfordsville, secretary, and Dr. Moses S. Canfield, Frankfort, treasurer.

Dr. Brose S. Horne, Gas City, was seriously injured in a trolley car collision recently.

The State society met at Indianapolis, May 15. There was a good attendance. The officers elect are: President, W. F. Smith, Huntington; first vice-president, J. H. Hauck, Terre Haute; second vice-president, Bert Coffey, Rushville; secretary, J. D. McCann, Monticello; treasurer, H. E. Vitou, South Bend. Delegate to the National, Morse Harrod, M. D.; alternate, W. F. Smith.

Although the attorney-general of the State holds that the law is being violated, the Indiana State Board of Medical Examination and Registration will not prepare any affidavit against John H. Spaunhurst, osteopath, because he is a member of the board. Spaunhurst has a number of branch offices over the State where he has employed non-licensed undergraduates to work under his direction. Complaints were received by the board and an opinion was asked of the attorney-general whether work of such undergraduates was within the meaning of the statute, which provides that non-licensed undergraduates may practice medicine under the direct supervision of a licensed physician, and the attorney-general held the law was not being observed. Dr. Gott, secretary of the Board, said that the Board would be loth to move against one of its members, and that in the event prosecution was brought it should be brought against the undergraduates in the counties where the undergraduates have charge of the Spaunhurst offices. Spaunhurst maintains that his method of supervising the work of his assistants in the branch offices brings the matter within the meaning of the law.

Dr. J. P. Simonds, superintendent of the pathological laboratory of the Indiana State Board of Health, has sent to the public schools of Danville a dozen culture plates for use in the schools for showing the growth of bacteria. One of the experiments proposed is to have a child with dirty fingers press one of the fingers on a part of the plate, then wash the fingers thoroughly, and press one of them on another part of the plate. The growth of bacteria from the dirty finger is to be used to show the danger from soiled

hands. Another experiment is to be made with well water as drawn from the well, and with the same water after being boiled. Plates will be supplied other schools of the State as rapidly as they can be prepared.

The Indianapolis Board of Health is reported to be facing a shortage of internes for the city hospital and city dispensary. There are eight internes to be appointed for the city hospital and five for the city dispensary. Only eleven members of the Indiana University School of Medicine are applicants for the thirteen positions.

A newspaper dispatch from Indianapolis concerning the annual meeting of the Indiana Eclectic Medical Society and the attitude of the Eclectics toward the Owen Bill says: "The Eclectics will keep a close watch on the Owen Bill, providing for a national health department, through a committee appointed for that purpose yesterday afternoon. If the bill passes Congress without important amendments, the head of the proposed department will sit in the President's Cabinet, and the Eclectics believe that their best interests require that they should be given representation on that governing board equal to that of the other schools. The society has no objection to the creation of the bureau, but fears discrimination, which would be a great blow to the interests of the 'irregulars.' President T. S. Turner, of Lebanon, announces that Senators Kern and Shively had been asked to assist in seeing that justice is done to all."

Dr. J. A. Hurty, secretary of the Indiana State Board of Health, recommends as a disinfectant of breeding places of flies, a solution consisting of one part of crude carbolic acid to three parts of crude kerosene.

Iowa.

The Iowa society met in Des Moines, May 9-10. There was a fair attendance and interesting papers. Several new names were added to the membership. On the evening of the 9th a banquet and smoker was enjoyed by the society and invited guests. The officers-elect were: President, L. E. Eslick, Rockwell City; vice-president, J. C. Box, Ottumwa; recording secretary, B. C. Minkler, Des Moines; corresponding secretary, P. F. Price, Milo; treasurer, W. W. Maple, Des Moines.

Kansas.

The Kansas Eclectic Medical Association report a good meeting in Kansas City, May 27-28. They declared in favor of the Owen Bill so far as a health measure was concerned, but with no interference with the practice of medicine. They also declared in favor of the quarantine of venereal disease. Officers-elect were: President, G. H. Smith, Kansas City; first vice-president, J. Baird, Coffeyville; second vice-president, W. S. Hunt, Emporia; secretary, O. C. Baird, Chanute; treasurer, E. I. Welch, Clifton.

Dr. C. J. Simmons, Lawrence, has been re-appointed a member of the State Board of Medical Examination and Registration. Dr. Henry A. Dykes, Lebanon, has been reappointed secretary of the State Board of Medical Examination and Registration.

Kentucky.

The twenty-fourth annual meeting of the Kentucky Eclectic Medical Association was held on May 21 and 22, 1912, at the Hotel Seelbach, Louisville. The attendance was small. The second day several came in and made it a fairly good meeting. Prof. J. L. Payne, of Cincinnati, was with us the first day. Some very important business matters had to be held over for another year. Will meet in Louisville, May, 1913. Officers were elected as follows: President, M. W. Meadows, M.D., Fullerton; vice-president, J. M. Wells, M.D., Vanceburg; treasurer (re-elected), J. C. Mitchell, M.D., Louisville; secretary, Lee Strouse, M.D., Covington. Delegate to the National, Lee Strouse, M.D.; alternate, M. W. Meadows, M.D. The association recommended to the National president, for State organizer, Lee Strouse, M.D., Covington. A motion prevailed to spend a little money in literature and writing the Eclectics of the State to arouse more interest.

Reciprocity Established with Oklahoma.—A letter from Dr. A. T. McCormack, assistant secretary of the Kentucky State Board of Health, states that reciprocal relations have been established between Kentucky and Oklahoma, either on the basis of a written examination or on a diploma from a reputable medical college without examination, if the diploma and the license was granted prior to September 1, 1907. The applicant must have been a resident of the State from which he applies for at least a year, and during that time he must have been a member of the local State and national medical societies of the school with which he is affiliated.

The State of Kentucky is about to make its first payments under the recent enacted vital statistics law, which provides for the payment of physicians and registrars for the report of each birth and death. The fee in each case is twenty-five cents. The payment is to be made annually in May, for the preceding year ending on December 31. At Louisville, the total sum for the city and county for the year 1911 amounted to $4,800.25. Of this amount $2,423 was for registration fees for registrars, and $2,377.25 for physicians for services in making reports. It is not stated whether the plan has been successful in inducing a full registration of births and a more intelligent report of the causes of death.

Louisiana.

At a meeting of the Louisiana State Board of Medical Examiners, April 24, 1912, the board decided not to accept applicants for reciprocity who at any time have taken its examination and failed to make the required percentage. The board also decided to examine students at the end of their second year in anatomy, chemistry and physiology, providing they can present credentials from the medical college they are attending, certifying to the fact that they have passed all the examinations in the work of those years. These rulings take effect immediately.

Massachusetts.

The case of Dr. Charlotte M. Moriarty, of South Meriden, Conn., a specialist of Greater New York, against the Connecticut Company, a branch

of the New York, New Haven & Hartford Railroad Company, for injuries received while a passenger on the new Hanover electric line of the Connecticut company, June 10, 1911, at South Meriden, has been settled through her attorneys. As the liability was admitted, the settlement, which is said to have been fair to all concerned, was largely due to Dr. Moriarty's medical consultant and medico-legal expert, Dr. Frederick W. Abbott, of Taunton. The plaintiff, the plaintiff's medical attendant (Dr. Michael J. Sullivan, Meriden, Conn.), the defendant's attorney (Thomas M. Steele, of New Haven), and the defendant's medico-legal experts (Dr. Joseph A. Cook, of Meriden, and Dr. Leonard C. Sanford, of New Haven), and the plaintiff's attorneys warmly praised Dr. Abbott for his thoroughness and probity throughout the case.

Dr. Frederick W. Abbott delivered the Memorial Day address for the Carver, Mass., G. A. R. post this year.

At its regular meeting, Dr. Frederick Wallace Abbott, the only honorary member, was unanimously elected medical director of the Goops A. A.

The only hospital in the world devoted exclusively to the treatment of cases of appendicitis will be opened in Boston next October. It will be in charge of Dr. William A. Brooks, Jr. Although a private hospital, no case will be refused on account of poverty.

The fifty-second annual meeting of the Massachusetts Eclectic Medical Society was held at the Hotel Lenox, Boston, June 6 and 7, 1912. An interesting meeting resulted and the officers elected for the ensuing year are: President, Wm. C. Clarke, Boston; vice-president, Stephen Witt, North Dana; corresponding secretary, Sylvania A. Abbott, Taunton; recording secretary, Pitts Edwin Howes, Boston; treasurer, Nathan L. Allen, Boston. Next place of meeting, Boston.

Michigan.

The thirty-sixth annual meeting of the Michigan State Eclectic Medical and Surgical Society was held at Lansing, June 4 and 6, in the Chamber of Commerce rooms. While the meeting was not as largely attended as usual, it was very interesting, and a number of very good papers were read and discussed, which will be published in the next few issues of the *E. M. Journal*. President Murphy's annual address will be issued in pamphlet form, and may be had on request, and will be quite widely distributed through Michigan. Dr. J. K. Scudder, of Cincinnati, was an interested visitor. Officers for the next year are: President, F. B. Crowell, Lawrence; first vice-president, Nelson McLaughlin, Lake Odessa; second vice-president, A. L. Robinson, Allegan; third vice-president, Chas. McLachlin, Elwell; secretary, J. E. G. Waddington, Detroit; treasurer, G. W. Nafe, Fremont. The next meeting will be held at Kalamazoo the first week in June, 1913.

Missouri.

For the first time in its history St. Louis will throw its competitive examination of senior class medical students for positions as resident and assistant resident physicans and internes at the various city eleemosynary

institutions open to the entire country. Heretofore it has been confined strictly to St. Louis, and as a result some inferior material has had to be installed. The examinations will be held in St. Louis, May 4, and simultaneously in medical colleges in every section of the United States. The questions have been prepared and will be mailed to the heads of the faculties of the out-of-town institutions, who will conduct the examination. The names of the students will not appear on the examination papers, all of which will be the same foolscap furnished by the city and the applicants will be known only by numbers, thus giving the home student no advantage over the out-of-town competitor. Already twenty colleges in Pennsylvania, Ohio, New York, Massachusetts, Kansas, Illinois, Tennessee, Kentucky, Colorado, Wisconsin and Iowa have signified their desire to have some of their students take the examination. From the colleges of St. Louis 150 have entered their names. Between fifty and sixty internes are to be appointed, together with twelve resident and assistant resident physicians. They will be assigned to the City Hospital, Infectious Disease Hospital, Sanitarium, Infirmary and other institutions operated by the city.

The Missouri Eclectic Medical Society held its forty-third annual meeting in St. Louis, May 21-23. A good meeting is reported, replete with good fellowship, activity and much earnest work. The newly elected officers are: President, T. A. Son, Bonne Terre; first vice-president, J. Lee Harwell, Hendrickson; second vice-president, B. J. Weisner, St. Louis; third vice-president, C. H. Begg, Middleton; recording secretary, Emmett F. Cook, St. Joseph; corresponding secretary, W. E. Aubuchon, Frankclay; treasurer, A. W. Davidson, Poplar Bluff. Springfield was selected as the place of next meeting.

Nebraska.

Dr. Rea Buchanan has located at 1329 North Street, Lincoln.

Dr. R. H. Spradling, we are informed, is the penitentiary physician.

Dr. H. B. Cummins, Seward, has been reappointed a member of the board of secretaries of the State Boards of Health.

The Nebraska State Eclectic Medical Society met at Hastings, May 28 and 29. The attendance was above the average and the meeting one of the most important in the history of the society. Efforts were made to place the college on a more solid basis. Ten thousand dollars was raised and the subscription continued. The report of the college exhibited a healthy growth. Dr. H. B. Cummins was unanimously endorsed for re-appointment on the Board of Health. *The Outlook* was chosen as the official organ of the society. Officers-elect are: President, H. C. Smith, Franklin; vice-president, J. N. Campbell, Stamford; secretary, Amy Robinson, Hastings; treasurer, H. H. Schultz, Sutton.

New Jersey.

Dr. H. G. Norton, Trenton, secretary of the State Board of Medical Examiners, writes that the legislature amended the medical practice act so that hereafter an education equivalent to a standard four-year high school

course must be completed before the student begins the study of medicine. Another amendment secured gives the board power to prosecute quacks and frauds. Dr. Norton also states that reciprocal relations have been established between New Jersey and Pennsylvania.

The New Jersey State Eclectic Medical Society met May 23, at Newark. A good meeting is reported and the election resulted in the selection of the same officers for 1913.

New York.

The New York Board of Regents will insist upon the adoption of its new rules by October 1, 1912. They require at least six full-time adequately paid instructors. Blanks have been sent to the nine medical schools of the State and upon their return the Regents will be in a position to announce such schools as are prepared to comply with the new law. Three are known to comply with it already, these being Cornell, Columbia and Syracuse. There are six others, Buffalo, Albany and four in New York, which do not.

Much interest was manifested in the commencement exercises by the graduating class of the Eclectic Medical College. The commencement marked the fifty-seventh year of the institution's existence. The college was chartered by the legislature in 1865, since which time 956 students, including the present class, have been graduated. The exercises were held in one of the large assembly rooms of the Hotel Astor, which was filled to its capacity by relatives and friends of the graduates. The entwining of the American colors with ferns and flowers, which were the decorations, presented an exceptionally attractive picture. Prof. A. M. Herzog, in his address on behalf of the faculty, stated that there were eighty-two matriculants this year, divided into seventy-six men and six women, eleven of whom received their degrees. In the absence of the president, George W. Boskowitz, M.D., the degrees were conferred by the dean, S. A. Hardy, M.D. The address to the graduates was delivered by John Sherwin Crosby. The valedictory address was made by one of the youngest members of the class, Clifford Alexander Crispell. At the alumni meeting an interesting feature was the subscribing of $100 each by 100 members of the alumni, the proceeds of which will go toward changes and improvements in the building and its equipment which are contemplated.

Dr. William H. Park, of New York, Dr. Arthur W. Booth, of Elmira, and Dr. Aaron B. Miller, of Syracuse, have been appointed members of the State Board of Medical Examiners.

The Health Department has prepared a circular for physicians and the public asking co-operation in the campaign to stamp out infant paralysis. The department says that the disease has spread because of careless handling and insists on a minimum quarantine of four weeks, the exclusion of other children in the same family from school, and the disinfection of bedding and clothing by formaldehyde. The preparation of the serum has been transferred from the Rockefeller Institute to the board of health. The

death-rate for infantile paralysis in 1911 in New York City was 0.44 per 10,000 population, while in the epidemics of 1872 and 1905 the rates were 8.07 and 6.32, respectively.

The monthly meeting of the Eclectic Medical Society of the city and county was held Thursday evening, April 12. The essayist for the evening was Dr. H. Hams. Subject: "The Sphygmomanometer."

Dr. James Bernstein has removed to 4305 Thirteenth Avenue, Borough Park, Brooklyn.

Drs. Clifford A. Crispel and Edgar C. Prout have been appointed internes in the Flower Hospital.

Dr. Milton I Strahl has been appointed interne in the Williamsburg Hospital.

Drs. T. D. Adlerman, H. Harris and M. B. Pearlstein were recently elected members of the board of trustees of the New York College.

Earl H. King, M.D., of Saratoga Springs, has been appointed surgeon of the Hudson Valley Railroad Company.

It is very gratifying to report the progress the College is making and to record the help and assistance which the alumni are so readily giving. The committee appointed at the last meeting of the Alumni Association to present the needs of the school to its graduates, has formed an association to be known as The Eclectic College Equipment and Research Fund Association, all contributors becoming members of this association. The responses to their appeal, which was sent out about six weeks ago, have been more than generous, and have encouraged the committee and the trustees of the College, so that the work of change and repair is being rapidly pushed. The amphitheater on the third floor, together with the partition dividing this room from the hall room have been removed, so that this entire floor will be devoted to new laboratories, and the committee is superintending these changes and has ordered the equipment (tables, cabinets, apparatus, etc.), and has the money in bank to pay for it. They are now looking for a new site and expect ultimately to present us with a new building.

North Dakota.

The convention of North Dakota Homeopathic physicians urged that the legislature pass a law compelling the asexualizing of all men who are found to be insane or whose criminal record stamps them as habitual criminals and as likely to be unfit for parenthood.

Ohio.

R. W. Simmons, of Carthage, has been selected as resident interne at the Seton Hospital.

M. E. Welker, of New Middletown, has been chosen by competitive examination as one of the internes at Bethesda Hospital.

Dr. W. F. Carson has returned to his home at Berlin Center after several months' sojourn at Colorado Springs, Col.

Dr. V. E. Hutchens has removed from Wilmington to New Antioch.

The Dayton Medical Society, at its meeting June 21, elected Dr. J. F. Wuist, president; Dr. E. E. Bechtel, vice-president; and Dr. C. D. Bayless, secretary and treasurer, to serve for the ensuing year.

Dr. and Mrs. J. K. Scudder enjoyed a three-weeks' fishing trip in the Rideau Lakes, north of Kingston, Ontario.

Dr. Grover C. Aurand has removed from Clyde to Weston.

The following additions have been made to the faculty of the Eclectic Medical College: Charles W. Tidball, M.D., of Norwood, hygiene and sanitation; F. A. S. Kautz, M.D., clinical instructor in obstetrics; A. W. Nelson, M.D., genito-urinary diseases and dermatology; J. Arthur True, M.D., of Ann Arbor, Mich., whole time instructor in physiology.

One hundred and eighty-three applicants for license successfully passed the examinations of the Ohio State Board. Certificates were also granted to nine osteopaths and thirty-one midwives. Reciprocity certificates were given to twenty-three physicians who expect to practice in Ohio, but who are now practicing in some other State with which Ohio has reciprocity relations.

Laura Hobson McQuestion, of Mansfield, O., who was prosecuted and convicted by the State Medical Board for practicing medicine without a license has brought suit in the State Supreme Court attacking the validity of the law creating the State Medical Board.

The forty-eighth annual session of the Ohio State Eclectic Medical Association held a three-day session, May 14-16, at Columbus, with over 150 members in attendance. Officers for the ensuing year are: President, J. B. Barker, Piqua; first vice-president, H. C. Duke, Richwood; second vice-president, H. W. Powers, North Amherst; corresponding secretary, J. F. Wuist, Dayton; recording secretary, W. N. Mundy, Forest; treasurer, James G. Sherman, Columbus; delegate to the National Association at Washington in June, John K. Scudder, of Cincinnati. The next annual meeting will be held in Dayton, May 13-15, 1913.

Dr. Will J. Prince, Piqua, is reported to be convalescent after an attack of appendicitis.

Endowment Fund—$16,317.—The permanent endowment fund of the Eclectic Medical College, including the annual pledges of the alumni, now amounts to the snug sum of $16,317. This produces an annual income of $815 for general college purposes. We need an income of at least $3,000 per year in addition to our tuition fees to keep our college in the front rank.

Owing to our new well-equipped building rent free and with the assistance of the Sisters of Charity, who conduct the daily medical dispensary in their building and furnish our students hospital facilities second to none in the Seton Hospital, we are enabled to conduct our college creditably and economically on a net income of $12,000.

Cannot our *alumni* respond promptly now and pledge us ten dollars annually, which is the equivalent of $200 at 5 per cent. interest.

Our endowment fund now amounts to $16,317. Watch it grow. Write

to Dean Thomas or Secretary Scudder, and encourage them with your subscription.

Alumni Life Members.—The following graduates of the Eclectic Medical College have been made permanent life members of the Alumnal Association, without dues, as each have contributed $100 or more to the Permanent Endowment Fund of the college:

A. P. Taylor, M.D., class '71, Columbus, O.
John Uri Lloyd, Phr.M., Cincinnati, O.
Lee Strouse, M.D., class '87, Covington, Ky.
William P. Best, M.D., class '88, Indianapolis, Ind.
Lyman Watkins, M.D. (deceased), class '77, Blanchester, O.
Thomas Jensen, M.D., class '74, Spring Grove, Minn.
George Washington Boskowitz, M.D., New York City.
John King Scudder, M.D., class '88, Cincinnati, O.
Wilbur E. Postle, M.D., class '90, Columbus, O.

Oklahoma.

J. P. Finlaw, of Camden, N.J., has removed to Muskogee.

The Oklahoma Eclectic Medical Association met at Oklahoma City, May 17 and 18. Resolutions were adopted condemning the Owen bill. Interesting papers were read, among them one by Dr. G. H. Stagner, on "Cerebro-spinal Meningitis," illustrated by the exhibition of slides. The officers elected for the coming year are: President, William King, Oklahoma City; first vice-president, M. Gray, Mountain View; second vice-president, J. V. Athey, Bartelsville; third vice-president, H. F. Zinc, Tulsa; secretary, G. H. Stagner, Guthrie; treasurer, T. L. Sharp, Orlando. Next place of meeting, Oklahoma City, June, 1913.

Oregon.

Dr. M. E. Eastman has removed from Alturas, Cal., to Pine Creek.

Pennsylvania.

Dr. S. J. H. Louther has charge of the insane of Somerset County.

In the year 1908 the legislature of Pennsylvania repealed the compulsory vaccination law applying to school children, but this repeal was vetoed by the governor. The Minnesota, California and Utah legislatures passed laws to the effect that children could go to school without vaccination, and the Illinois Supreme Court rendered a decision to the same effect. The Pennsylvania legislature, instead of passing a law again, and under a different governor, decided to investigate the whole question by a commission, and authorized it by a joint resolution on June 14, 1911, pamphlet laws 940. The commission is composed of seven members, all but one from Philadelphia, viz.: Emil Rosenberger, chairman; Henry C. Lippincott, secretary; Edward A. Woods, Pittsburg; Dr. William M. Welch, Dr. Jay F. Schamberg, John Pitcairn and Porter F. Cope.

The Bureau of Medical Education and Licensure of Pennsylvania has completed arrangements for reciprocity with New Jersey and Nevada, and

announces that negotiations are pending with Ohio, New York and Illinois. The bureau also arranged to put into effect examinations for midwives, and completed its program for the medical examinations on June 24, 25, 26 and 27. Two-year medical students from outside of the state will be admitted to the examination on the final day.

The thirty-ninth annual meeting of the Pennsylvania Medical Association was held at the Capitol Building, in Harrisburg, June 14 and 15. While the attendance was not as large as usual, a number of very interesting papers were read and discussed, and the prospects of the society are very bright. The following officers were elected for the ensuing year: President, B. E. Gamble, Bowmansdale; first vice-president, J. M. Mulholland, Pittston; second vice-president, Nannie S. Glenn, State College; treasurer, S. J. H. Louther, Somerset; corresponding secretary, E. F. Shaulis, Indiana; recording secretary, M. V. Hazen, Titusville. The next meeting will be held at Harrisburg in June, 1913.

Five hundred and fifty medical graduates took the State examination in Pennsylvania last week, 250 in Philadelphia, 200 in Pittsburg and 100 in Harrisburg. A special examination was also held for men who have finished the junior year of their medical course and who desire to take partial tests in chemistry, physiology, anatomy, hygiene, preventive medicine. If those who subject themselves to the examination are successful they will free themselves from the obligation of taking it at the end of their college year, while if they fail they will be permitted the additional privilege of taking it with the regular state board test. The examinations this year were most carefully guarded and held under extraordinary restrictions recently imposed by the State Board of Medical Examiners. During the examinations each of the 550 new physicians desiring to practice within the borders of the commonwealth had his picture lying on the desk before him. This was to guard against the fraud of substitution said to have been practiced in former years. Beside the restrictions imposed to avoid frauds, steps have been taken to prevent the registration of graduates from "diploma mills." The board has, up to this time, allowed the registration of students rejected by bona fide schools and who then were graduated from the colleges in other states lacking the proper standing. It was expected that the ban would be placed against unfit schools immediately, but because of the evident sincerity with which forty-five Pennsylvania students had taken the course in one of the institutions, it was finally decided to waive the order for another year.

Tennessee.

The Tennessee Eclectic Medical Society met in annual sessions at Nashville, in the assembly room of the Maxwell House, May 21, 22, 1912. The published program was varied from to some extent. In the main the sessions were equal to, and in some respects, beyond previous meetings.

The Nashville Society served a midday luncheon of a number of courses in the annex of the Maxwell House dining department, May 21.

At 8 p. m., May 21, the Auxiliary to the Eclectic State Society gave a

handsome and social musical entertainment at the beautiful and hospitable home of Dr. W. H. Halbert. Dr. Halbert is vice-president of the State examining board and was the president of this society during this meeting.

Professor Shewman of the E. M. College gave valuable aid to the sessions and increased the already great esteem for the Institute.

The society in every respect appreciated the visit of Professor Shewman and wife, and all join in wishes for their return at our next meetings.

Officers for year 1912-13 are: President, D. D. Moncrief, first vice-president, R. L. Eaton, Nashville, Tenn.; recording secretary, Benj. L. Simmons, Granville, Tenn.; corresponding secretary, Jno. Cummins, Nashville, Tenn.; treasurer, Geo. M. Hite, Nashville, Tenn. The society, after installing of officers, adjourned to meet in Nashville, May, the third Monday, 1913.

At the annual meeting of the State Board of Medical Examiners, at Nashville, June 5, Dr. E. E. Hunter, Elizabethtown, was re-elected president; Dr. W. H. Halbert, Nashville, vice-president, and Dr. C. A. Abernathy, Pulaski, secretary-treasurer.

Texas.

M. B. Bettencourt, M.D., has removed from Ft. Worth to Mart.

Dr. C. L. Hudson has removed from Mart to Waco.

The twenty-ninth annual convention of the Texas Eclectic Medical Association convened at Waco, Tex., May 15 and 16, 1912, and, as per arrangement of District Organizer Dr. E. G. Sharp, Arkansas, Texas and Oklahoma met consecutively from Monday to Saturday in one week, on account of which arrangement we had with us Wm. P. Best, M.D., secretary of National, Indianapolis, Ind.; E. G. Sharp, M.D., treasurer of National, Guthrie, Okla.; Prof. J. Stewart Hagen, Eclectic Medical College, Cincinnati, O., and W. T. Ray, M.D., Gould, Okla., who proved to be the light of the meeting, giving us some good practical talks and joining in the various discussions following the reading of papers. The officers chosen for the next year are: President, M. A. Cooper, Leakey; first vice-president, W. C. Ament, Levita; second vice-president, W. S. Walker, Woodboro; treasurer, Rosa B. Gates, Waco; secretary, H. H. Blankmeyer, Aransas Pass. Time and place of next meeting, same as the National, or as directed by the board of directors.

Virginia.

Dr. R. S. Martin, for sixteen years secretary and treasurer of the Virginia State Board of Medical Examiners, has been elected president of that body. Dr. Herbert Old, of Norfolk, has been elected secretary and treasurer. One hundred and forty-six applicants for license had registered for the examination, which began on June 20.

Washington.

Ward B. McMakin, M.D., has removed from Seattle to Washougle.

West Virginia.

The executive committee of the Eclectic Medical Association met at the Hotel Chancellor, Wednesday and Thursday, and among other business

transacted, fixed upon September 16 and 17 and the Hotel Waldo, in Clarksburg, as the place for holding the annual meeting of the State association. The executive committee is composed of the principal officers of the society: W. H. Waldron, of Naugatuck, president; E. L. Woodford, of Belington, first vice-president, and W. B. Harwig, of Wileyville, secretary and treasurer. All the officers elected last year at Huntington were retained. The Eclectic Medical Association is to be reorganized under a new constitution, and a committee consisting of the aforementioned officers has been appointed to draft new regulations for the society. The State meeting will, by the dates fixed at this committee meeting, come after the annual session of the National E. M. A., at Washington, D. C. A considerable amount of other business, mostly of a routine nature, was transacted by the committee before its adjournment Thursday morning.

Dr. A. C. Lambert, who has been practicing in Wheeling for a number of years, has moved to Red House on the Kanawha River near Charleston, and is pleased with his new location.

Dr. A. B. Rhinehart, until recently house physician in Hoskins Hospital in Wheeling, has established an office in Littleton, and will make that hustling town his future home.

Dr. N. D. Jobes, of Wheeling, is about to open an office in Huntington and practice surgery exclusively.

Wisconsin.

The annual meeting of the Wisconsin Eclectic Medical Society was well attended. The papers and discussions were unusually good. The officers-elect are: President, F. A. Kraft, Milwaukee; secretary, F. C. Haney, Watertown. The next meeting will be held in Milwaukee, June, 1913.

Dr. F. A. Kraft is the health officer of Milwaukee.

Dr. J. B. Brewer is the health officer of Janesville.

MARRIAGES.

At the residence of Dr. E. B. Shewman, Miss Louise V. Finlaw, E. M. C. '13, and Dr. D. Walker Richmond, E. M. C. '11. At home Silver Hill, W. Va.

Dr. E. P. Bailey and Mrs. Flinda Brownberger, June 1, 1912.

June 26, 1912, at the home of the bride's mother, Mrs. Catherine Brass, of Detroit, her daughter, Miss Lorone Louise, and Dr. Joseph G. E. Waddington, of Detroit. At home after September 1, at 1080 Warren Avenue, West, Detroit, Mich.

At Camden, Ill., June 5, 1912, Miss Ruth H. Ritchie and Dr. Charles H. Hulick, of Mt. Sterling, Ill. At home at Shelbyville, Ill.

Albert S. Gombar, M.D., to Georgena Hartley, February 1, 1912.

OBITUARIES.

Alexander, John, Eclectic Medical Institute, Cincinnati, 1885, at Waverly, Ill., February 29, aged eighty-four.

Atkinson, H. N., Bennett Medical College, Chicago, 1898, at Galveston, Texas.

Baker, Willard R., Eclectic Medical Institute, Cincinnati, 1882, at his home in Dunkirk, Ohio, aged sixty-nine.

Brown, Quincy A., Eclectic Medical Institute, Cincinnati, 1872, at his home in Bethel, O., June 3, 1912.

Calivia, Francisco G., Eclectic Medical College of the City of New York, 1911, of New York City, at Gouverneur Hospital, May 23, aged twenty-four.

Canitz, Paul, Eclectic Medical College of the City of New York, at his home, New York City, June 17.

Conaway, Charles L., Iowa Medical College (Eclectic), Des Moines, 1883, at his home in Cottonwood Falls, Kan., April 29, aged fifty-two.

Foote, Hubert Townsend, Eclectic Medical College of the City of New York, 1881, at the Park Avenue Hotel, New York City, May 18, aged fifty-three.

Freund, Abraham Ludwig, Bennett Medical College, Chicago, 1887, at Chicago, Ill., May 5, aged fifty-one.

Henry, M. W., Eclectic Medical College, Cincinnati, 1857, at his home in Waelder, Texas, March 12, 1912.

Hinds, Harriet C., Eclectic Medical College of the City of New York, 1877, at her home in East Orange, June 5.

Horton, Levi E., Eclectic Medical College of the City of New York, 1891, at his home in Avon, N. Y., April 22, 1912, aged sixty-seven.

Hoyt, John W., Eclectic Medical College, Cincinnati, 1851, at the home of his son in Chevy Chase, Md., May 23, aged eighty-one.

Johnson, Benjamin F., Eclectic Medical Institute, Cincinnati, 1883, at his home in Pontiac, Ill., May 3, aged fifty-four.

Longley, Fyfield Holt, Eclectic Medical Institute, Cincinnati, 1867, at his home in North Platte, Nebraska, aged seventy-nine.

Lyle, George W., Eclectic Medical Institute, Cincinnati, 1860, at his home in Scio, O., April 29.

Matthews, John Wesley, American Eclectic Medical College, St. Louis, 1875, at the home of his son in Liberty, Mo., May 5, aged 87.

Nebeker, A., Eclectic Medical College of Pennsylvania, Philadelphia, 1870, at his home in South Philadelphia, May 27, aged sixty-four.

Rogers, Samuel G., Indiana Eclectic Medical College, Indianapolis, 1885, at his home in Darlington, Ind., May 27, aged fifty-five.

Sherman, H. M., American Medical College, St. Louis, 1878, at Peoria, Ill., May 16.

Smith, James E., Eclectic Medical Institute, Cincinnati, 1878, at his home in Mt. Carmel, Ill., April 20, aged seventy-three.

Smith, Calvin, American Eclectic Medical College, Cincinnati, 1880, at his home in Farmland, Ind., July 2, aged sixty-seven.

Smith, Isaac Newton, Eclectic Medical Institute, Cincinnati, 1875, at his home in Westerville, O., June 27, aged seventy.

Snider, Jay Jennings, Bennett Medical College, Chicago, 1886, at his home in Dayton, Ohio, April 7, aged forty-eight.

Stewart, Lewis C., Indiana Eclectic College, Indianapolis, 1886, at his home in Muncie, Ind., June 12, aged fifty-two.

Van Kirk, Harriet Pierson, Eclectic Medical College of the City of New York, 1870, at her home in Oakland, Cal., April 7, aged eighty-three.

BOOK REVIEWS.

False Modesty that Protects Vice by Ignorance. By Dr. E. B. Lowry, author of "Truths," "Confidences," "Herself," etc. Forbes & Co., Chicago.

We have had occasion to review Dr. Lowry's other works. The present volume of 110 pages contains wholesome advice and maintains the same high character and tone characteristic of her previous writings. We commend these small books to our patrons. M.

Obstetrical Hints for Prospective Mothers. By H. H. Blankmeyer, M.D., Waco, Texas.

This small booklet of four pages is designed to be placed in the hands of mothers for their guidance. Copies can be purchased from the author for a minimum price for your individual use. M.

BOOKS AND PAMPHLETS RECEIVED.

The Lily Scientific Bulletin, Series 1, No. 1. Subjects considered: "Physiological Drug Testing;" "Susceptibility of the Guinea-pig to Poisoning by Digitalis;" "Determination of Resorcinol."

Proceedings of the Twenty-second Annual Meeting of the Association of American Medical Colleges, held at Chicago, February 28, 1912. This is an interesting volume.

Smithsonian Miscellaneous Collections, Vol. 59, No. 8. Hamilton Lecture: "Infection and Recovery from Infection," with five plates. By Simon Flexner, M.D. (Publication 2,083.)

"The Surgical Treatment of Goiter." W. D. Hamilton, M.D., Columbus, O. Reprinted from the *Medical Record*, January 13, 1912.

Reprints.—The editor was instructed to furnish a hundred reprints free with each article in the Quarterly, providing the request was made prior to publication. Additional reprints at cost as per following schedule.

The four addresses in this issue, as per instructions to us, will be held in tyep during September and reprints furnished as follows:

		Each	Per 100	Per 1000
President Stephens' address...	16 pp.	4c	$3.00	$7.50
Prof. Lloyd's address	8 pp.	3c	2.00	5.00
Prof. Thomas' address	4 pp.	2c	1.00	3.25
Prof. J. T. Sibley's address...	4 pp.	2c	1.00	3.25

Order promptly. Cash with order. MUNDY.

MISCELLANEOUS.

LOCATION—Am about to retire. Want active young Eclectic to buy my stock and fixtures. Practice runs $600 per month. Address Dr. J. P. Rice, Presidio, Texas.

The May *Bulletin* of the New York Department of Health quotes from the recently published studies of Drs. Anderson and Goldberger of the United States Public Health and Marine Hospital Service and from the ensuing discussion which have brought out conclusively that the so-called Brill's disease is a less virulent form of typhus and that the disease is endemic in this city. The Department of Health expresses the opinion that in view of the conclusive evidence as to the true nature of Brill's disease, it would seem wise to discontinue the use of that term. In view of the fact that many physicians are not familiar with the disease, the *Bulletin* describes the symptoms and course of this mild form of typhus and reminds the profession that typhus is a reportable disease.

The control of one mind over another requires the confidence of the patient in the physician, and the ability of that physician to inspire more confidence in his patient than that patient himself possesses. It is a curious fact of the human mind that those who are weak and struggling upward are never able to be any better than they think the man who is helping them expects them to be. When once they have gained their self-respect and have regained their former pride and vigor so that they can stand on their own individuality alone, then will they go to any limit of which they are individually capable.—LAMBERT, in *Boston Med. and Surg. Journal.*

While some are gloating over the medical colleges that are closing their doors because of lack of equipment, let us remember that it might be better to supply them with equipment and endowment rather than permit a backward step in education. The fewer the colleges the narrower the medical road and horizon. Knowledge is not copyrighted, no college has a patent on it, and a greater number of educators is an advantage. Some of the smaller colleges may be able to give some of the larger ones valuable points in medical pedagogy. The alumni of the medical schools should come to the aid of their alma maters and State governments should aid the State universities. —*Medical World,* June, 1912.

The attendance at the June meeting of the American Medical Association in Atlantic City was about 3,600, as compared with 6,000 at the last eastern meeting. The membership showed an increase of only 323 in spite

of the faithful work of many agents, the "personal" circular letter of the editor of the *Journal A. M. A.*, etc. Can it be possible that the hoi polloi are growing weary of the Boss? It may be noted in passing that some 5,000 new men graduated into the practice of medicine in this country during the past year. Dr. Jacobi's presidential address (see *Medical Record,* June 8), was full of wisdom, as might be expected from the Nestor of American medicine. Dr. John A. Wtiherspoon, of Nashville, is the new president of the association. The next meeting is to be in Minneapolis.—*Medical Brief.*

Because of the bubonic plague situation the House appropriation for prevention of epidemic by the public health service was increased from $100,000 to $500,000 in the sundry civil bill. At Havana a quarantine against arrivals from Porto Rico is being established. From many cities on the gulf and the Atlantic coast officers of the service report State and local authorities establishing examinations of arrivals from the plague districts, the passage of city ordinances and other measures for the extermination of rats, and campaigns of disinfection of the water fronts.

The Hysterical Symptom.—Just as soon as the hysterical symptom attracts no attention, elicits no sympathy . . . it dies for want of nourishment, and a real, basic and indisputably lasting cure is obtained. Caused and nourished by suggestion, it perishes for lack of it.—Eugene Bondurant, in *Medical Record.*

For Sale—Ten-year established practice and office equipment for sale in the best part of the most thriving city in Ohio along Lake Erie. Excellent opportunity for a young doctor. Sickness in family cause for selling. Address Dr. A. L. Swartzwelder, 2171 E. 100th St., Cleveland, O.

The saccharine rulings of the pure food board were today modified to permit the use of saccharine in medicinal foods, when its presence is stated on the label. The order contains specific provisions against the interpretation of the modification to permit use of saccharine in foods not strictly medicinal.

It should always be borne in mind that kidney changes may be coincident with prostatic hypertrophy. This is all the more probable in view of the age of prostatic patients, and the back pressure upon the kidneys.—*American Journal of Dermatology.*

Any menstrual irregularity or abnormality in a woman who has hitherto been perfectly regular and normal in her menstrual periods, should always suggest the possibility of an ectopic pregnancy.—*American Journal of Surgery.*

A felon should be aborted by covering the end of the finger with cotton saturated with alcohol, and then excluding the air by drawing over all a rubber finger cot.—*American Journal of Surgery.*

When there is disagreement between the pulse and temperature, the pulse must be regarded as of greater importance.—*American Journal of Surgery.*

SOCIETY CALENDAR.

1. National Eclectic Medical Association.—President, F. L. Wilmeth, Lincoln, Neb.; Secretary, Wm. P. Best, Indianapolis, Ind. Dallas, Tex., June, 1913.

2. Albany and Saratoga District Medical Society.

3. American Eclectic Materia Medica Association.—President, S. A. Abbott, Taunton, Mass.; Secretary, A. W. Smith, Berwyn, Ill.

4. Arkansas Eclectic Medical Society.—President, R. M. Jernigan, Fitzhugh; Secretary, E. M. Rockwood, Ft. Smith.

5. Atlanta Eclectic Medical Society.—President, J. R. Duvall.

6. Boston District Eclectic Medical Association.—President, W. Clark; Secretary, Pitts Edwin Howes. Monthly, excepting July and August.

7. Brooklyn Therapeutic Society.—Secretary, A. B. Wolf, Brooklyn. Quarterly.

8. California Eclectic Medical Society.—President, L. Vandre, San Francisco; Secretary, H. Ford Scudder, Redlands. San Francisco, May, 1913.

9. Central New York Eclectic Medical Society.

10. Chicago Eclectic Medical and Surgical Society. Monthly.

11. Colorado Eclectic Medical Society.—President, J. A. Dungan, Greeley; Secretary, Geo. H. Candlin, Eaton. May, 1913.

12. Connecticut Eclectic Medical Society.—President, James E. Hair, Bridgeport; Secretary, T. S. Hodge, Torrington. Semiannually. Second Tuesday, October, 1912.

13. Dayton Eclectic Medical Society.—President, J. F. Wuist, Dayton; Secretary, C. D. Bayless, Dayton. Third Friday of each month.

14. Eclectic Medical Society of the City and County of New York.—President, H. Harris; Secretary, M. B. McDermott. Third Thursday of each month.

15. Florida Eclectic Medical Association.

16. Fort Wayne Eclectic Medical Society.—President, G. A. Barry; Secretary, J. E. Morris. Monthly.

17. Georgia Eclectic Medical Association.—President, L. S. Young, Moreland; Secretary, G. W. D. Patterson, Atlanta. Atlanta, 1913.

18. Illinois Eclectic Medical Association.—President, W. E. Kinnett, Peoria; Secretary, Finley Ellingwood, Chicago. May, 1913.

19. Indiana Eclectic Medical Association.—President, W. F. Simth, Huntington; Secretary, J. D. McCann, Monticello. Indianapolis, 1913.

20. Iowa Eclectic Medical Society.—President, L. E. Eslick, Rockwell City; Secretary, B. C. Minkler, Des Moines. Des Moines, May, 1913.

21. Kansas Eclectic Medical Association.—President, G. H. Smith, Kansas City; Secretary, O. C. Baird, Chanute. Kansas City.

22. Kansas City Society. Semi-monthly.

23. Kentucky Eclectic Medical Society.—President, M. W. Meadows, Fullerton; Secretary, Lee Strouse, Covington. Louisville, 1913.

24. Kentucky Central Auxiliary.—President, J. W. Wells, Vanceburg; Secretary, T. A. Evans, Farmers. Richmond, November, 1912.

25. Kentucky Eastern Auxiliary.—President, D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton. Ashland, October 22, 1912.

26. Kings County Eclectic Medical Society.—President, Theo. Adlerman; Secretary, A. W. Wolf.

27. Los Angeles County Eclectic Medical Society.—President, R. B. Hubbard, Los Angeles; Secretary, P. M. Welbourn, Los Angeles.

28. Maine Eclectic Medical Society.—President, S. A. Abbott, Taunton. Portland, May 24, 1913.

29. Massachusetts Eclectic Medical Society.—President, Wm. C. Clark, Boston; Secretary, Pitts Edwin Howes, Boston. Boston, first Thursday and Friday in June.

30. Michigan Eclectic Medical Society.—President, F. B. Crowell, Laurence; Secretary, J. E. G. Waddington, Detroit. Kalamazoo, June, 1913.

31. Missouri Eclectic Medical Society.—President, T. A. Son, Bonne Terre; Secretary, Emmet F. Cook, St. Joseph. Springfield, 1913.

32. Missouri Valley Eclectic Medical Association.—Secretary, John C. Story, St. Joseph.

33. Minnesota Eclectic Medical Society.

34. Nebraska Eclectic Medical Society.—President, H. C. Simth, Franklin; Secretary, Amy Robinson, Hastings. Lincoln, 1913.

35. New England Medical Association.—President, Jas. T. Tonks, Westbrook, Conn.; Secretary, F. W. Abbott, Taunton, Mass.
36. New Hampshire Eclectic Medical Society.
37. Northeastern Ohio Eclectic Medical Society.—President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.
38. Northwestern Ohio Eclectic Medical Society.—President, J. H. Jenkins, Rushmore; Secretary, A. M. VanHorn, Findlay. Quarterly.
39. New Jersey Eclectic Medical Society.—President, G. C. Young, Washington, N. J.; Secretary, G. E. Potter, Newark. Semi-annual.
40. New York Eclectic Medical Society.—President, G. L. Olson, New York; Secretary, Geo. R. Thompson, Lucerne.
41. New York Specific Medication Club.—Secretary, John Birkenhauer. Second Thursday of each month.
42. Northwestern Indiana Eclectic Medical Society.—Secretary, W. F. Smith, Huntington.
43. Ohio Central Eclectic Medical Society.—President, Wm. E. Postle, Columbus; Secretary, C. M. Deem, Columbus. Monthly.
44. Ohio Eclectic Medical Association.—President, J. B. Barker, Piqua; Secretary, W. N. Mundy, Forest. Dayton, May 13, 14, 15, 1913.
45. Oklahoma Eclectic Medical Society.—President, Wm. King, Oklahoma City; Secretary, H. C. Stagner, Guthrie. Oklahoma City, June, 1913.
46. Oregon Eclectic Medical Association.—Secretary, Byron F. Miller.
47. Pennsylvania Eclectic Medical Association.—President, B. E. Gamble, Bowmansdale; Secretary, M. V. Hazen, Titusville. Harrisburg, 1913.
48. South Dakota Eclectic Medical Society.—President, E. W. Goldman, Madison; Secretary, J. C. Greenfield, Avon. Madison, May, 1913.
49. Southern California Eclectic Medical Association.—President, H. V. Brown, Los Angeles; Secretary, A. J. Lawrence.
50. Southwestern Ohio Eclectic Medical Association.—President, O. P. McHenry, Hamilton; Secretary, J. L. Payne, Cincinnati. Bi-monthly.
51. Sullivan County Eclectic Medical Society.
52. Tennessee Eclectic Medical Association.—President, D. D. Moncrief, Shelbyville; Secretary, B. L. Simmons, Granville. Nashville, May, 1913.
53. Texas Eclectic Medical Association.—President, M. A. Cooper, Leakey; Secretary, H. H. Blankmeyer, Aransas Pass. Dallas, May, 1913.
54. Vermont Eclectic Medical Association.—President, J. B. H. Cushman, East Charleston; Secretary, P. L. Templeton, Montpelier. Montpelier, June, 1913.
55. Washington Eclectic Medical Association.—President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle. Tacoma, August, 1912.
56. Western Ohio Eclectic Medical Association.—President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly.
57. Western New York Eclectic Medical Society.
58. West Virginia Eclectic Medical Association.—President, M. H. Waldron, Naugatuck; Secretary, W. B. Hartwig, Anthem.
59. Wisconsin Eclectic Medical Society.—President, Ira Fay Thompson, Reedsburg; Secretary, F. C. Haney, Watertown. Devil's Lake, June, 1913.

CALENDAR OF STATE EXAMINING BOARDS.

(Secretaries will please keep us informed of changes and dates.)

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Arizona—One Board. Secretary, Ancil Martin, Phoenix. Eclectic member, G. F. Manning, Flagstaff.

**Arkansas*—Three Boards. Secretary Eclectic Board, G. A. Hinton, Hot Springs.

California—One Board. Secretary, C. L. Tisdale, Alexandria. Eclectic members, Charles Clark, San Francisco, and M. M. Mason, Lodi.

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**Connecticut*—Three Boards. Secretary Eclectic Board, T. S. Hodge, Torrington.

**Delaware*—Two Boards. Secretary Homeopathic Board, R. A. Kittinger, Wilmington.

**District of Columbia*—Three Boards. President Eclectic Board, E. B. Benson, 824 Fifth Ave., N. E., Washington.

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* Reciprocity. Correspond with the Secretary of the Board.

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ANCHORING THE NEPHROCOLIC LIGAMENT IN NEPHROPTOSIS.

WILLIAM L. HEEVE, M.D., BROOKLYN, N.Y.

It is surprising to find our neurotic patients laboring under the impression that because they have a kidney that can be felt by palpation (that is, the lower pole of the kidney can be palpated), that they must have it anchored. Such a delusion is hard to expel from the mind of a neurasthenic.

Our neurologists have erred in telling these patients that the cause of their trouble is a prolapsed kidney. It is far better to carefully question the neurotic and ascertain if the kidney is giving symptoms at all. I feel positive in stating that a kidney that is giving no symptoms of pain or severe dragging or pulling, even though the lower segment is palpable, should be considered normal. If we look into the history of these neurotics we find it was not the kidney that told them of its movability, but some physician, who was searching for a cause of the neurasthenia without due consideration of the facts presenting. It is far wiser for all physicians to use better judgment in dealing with neurotics than to jump at conclusions in a foolhardy manner.

A kidney that is moving in the respiratory excursions an inch below the twelfth rib, requires but little attention. If the neurotic insists upon treatment, then order rest and fatty foods, which will deposit peri-renal fat about the kidney, and apply an abdominal supporter to lift up the intestines and give the suggestive support. These cases do not require operative treatment. A kidney that is freely movable, its movability being due to a coloptosis or enteroptosis, and giving well-defined symptoms, should receive surgical attention.

A ptosed kidney of mild degree seldom gives trouble It is not the kidney, but the secondary factors, such as constipation, intestinal fermentation and toxemia, due to other causes, that bring the patient to the physician. When we find a patient seeking relief from the symptoms due to a freely movable or floating kidney, we are sure to find a causative factor in the viscera, such as ptosis of the intestines or some portion of the large gut. The ptosis of the kidney is a secondary factor. Traumatism and congenital malformations are the causes of a primary ptosis of the kidney.

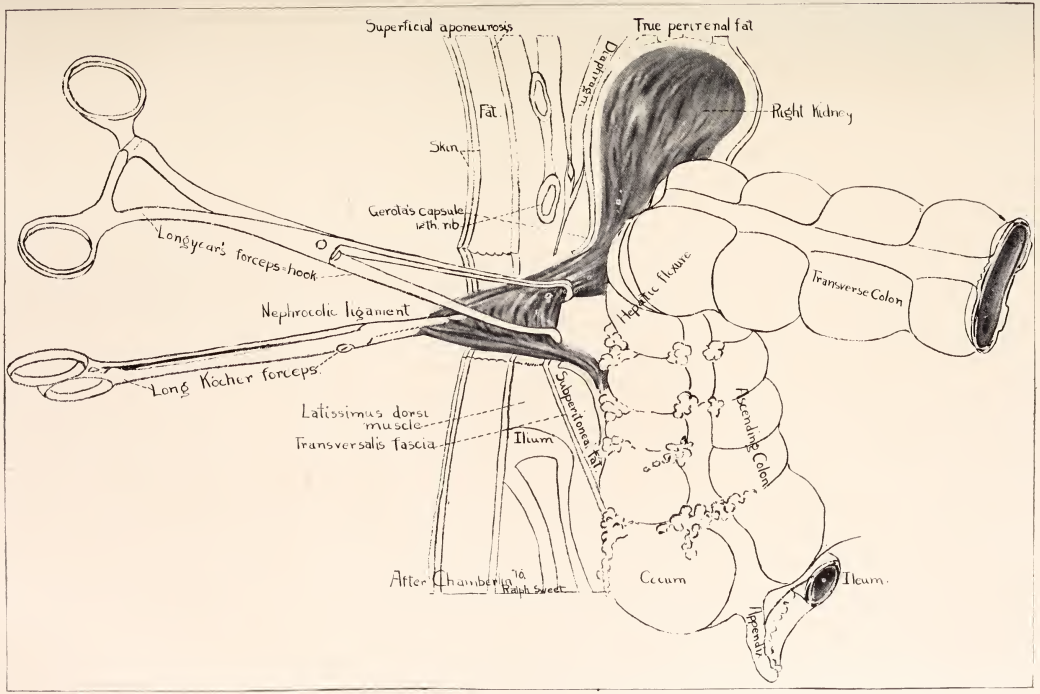
We are well acquainted with the fact that operations of nephropexy do not relieve our patients of their intestinal symptoms. The usual operation of freeing the capsule and suturing the kidney to the muscle may relieve the symptom-complex due to Dietl's crisis while the kidney remains anchored, but it does not relieve the symptoms due to the dropping of the intestinal organs. I believe that you will agree with me that the usual operation of interfering with the fatty capsule, splitting and suturing the true capsule to the muscle, leaves much to be desired, and in a large percentage of cases the anchorage is but temporary. This is due to our neglect of the real causative factor.

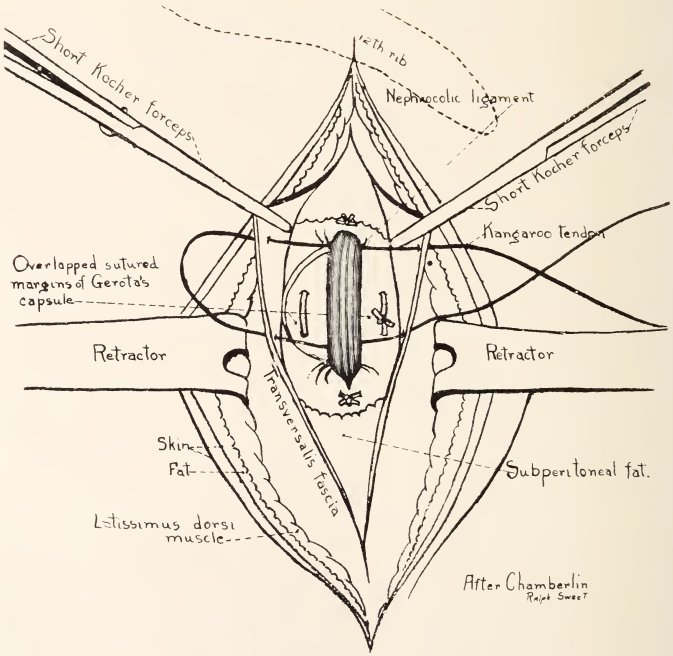
Having these facts in mind, I was much interested to learn of the method of Longyear, in utilizing the bundle of fasciculi radiating from Gerota's capsule to the colon and named the nephrocolic ligament.

After careful dissecting and experimenting upon three cadavers in the anatomical laboratory, I came to the conclusion that the ligament, as suggested by Longyear, was an ideal supporter for the colon. We have been taught by experience in Glénard's disease, or in coloptosis, we generally find nephroptosis The colon and the intestines, in general, must be causative factors in pulling down the kidney. If the nephrocolic ligament can be anchored, thereby holding the kidney and the colon in their normal positions, then we should utilize it. In my experimental work, following the suggestions as laid down by Dr. H. W. Longyear, I found that the ligament originated in Gerota's fatty capsule and extended posteriorly and slightly outward to the colon, being adherent to the colon and ventral peritoneum. One must be careful not to mistake the band of peritoneum between the hepatic flexure of the colon and the kidney for the true ligament. The nephrocolic lies posterior and below this peritoneal band.

OPERATION.

The oblique incision is made, starting at the twelfth rib, about two inches from the spine, passing down and slightly outward. Divide the latissimus dorsi muscle and enter the transversalis fascia close to the border of the twelfth rib by blunt dissection. The subperitoneal fat is pushed downward and Gerota's fatty capsule appears as a pinkish membrane. Enter it and place the index finger against the lower pole of the kidney to act as a guide. With a long Kocher hemostatic forceps follow the finger to the opening in Gerota's capsule, then open the forceps and enter further with the opened forceps, grasping the tissue below the finger and pulling it out through the incision. This will slightly retract the lower end of the kidney and lift up the colon, which proves that we have the nephocolic ligament within the grasp of the forceps. The next step is to obtain all the fasciculi possible and make a good bundle, as this is the secret of success. Make a loop of the bundle of fibres of the nephrocolic ligament and overlap the margin of Gerota's capsule under the loop. Next overlap the transversalis fascia with a mattress suture of kangaroo tendon (Longyear uses silver wire) under the loop of the nephrocolic ligament. Further closing of transversalis fascia


Superficial aponeurosis
True perirenal fat
Fat
Skin
Right Kidney
Gerota's capsule with rib
Longyear's forceps-hook
Nephrocolic ligament
Long Kocher forceps
Hepatic flexure
Transverse Colon
Latissimus dorsi muscle
Transversalis fascia
Ilium
Subperitoneal fat
Ascending Colon
Cecum
Ileum
Appendix
After Chamberlain '10
Ralph Sweet


Short Kocher forceps
12th rib
Nephrocolic ligament
Short Kocher forceps
Kangaroo tendon
Overlapped sutured margins of Gerota's capsule
Retractor
Retractor
Transversalis fascia
Skin
Fat
Subperitoneal fat.
Latissimus dorsi muscle
After Chamberlin
Ralph Sweet

is made with chromic gut No. 1, reinforcing with fascia over the loop. The last step is closing the muscle and skin.

The very technique of this operation appeals to the most skeptical, no destroying of the true capsule, therefore no danger of atrophy. If we enter Gerota's capsule close to the twelfth rib there is no danger of interfering with the peritoneum, and, lastly, we are also supporting the colon, which will cure the coloptosis.

AFTER-TREATMENT.

A large pad of cotton is placed in the kidney region, covered with a tight abdominal supporter. The patient is placed in the dorsal position with the end of the bed raised six inches, remaining in this position one week. The elevation of the bed can then be dispensed with, but a further two weeks of rest in bed is required. A laxative given as required. At the end of two weeks the abdominal supporter with a spring plate is applied in such a manner that pressure will be brought to bear upward and inward.

This operation has proven very successful in my hands, so much so that it has become my operation of choice in anchoring the kidney.

DISCUSSION.

Dr. Wilmeth: It seems to me that the unfortunate point in regard to the doctor's technique, which will be met in a majority of cases of ptosis of the kidneys, is that this ligament will be very hard to fasten, and some form of anchorage must be resorted to. In some cases I have had adhesion of the capsule and the stricture has come back.

Dr. Heeve: That is true, you will find cases that you will not find that ligament, and even if you find a small bundle you cannot grasp more tissue; but if you cannot get enough, take some of the peritoneal tissue. This method is in its infancy. The first case I had quite a job in finding that capsule. It takes time and patience and perseverance, but you will surely succeed.

THE TRUTH CONFIRMED.

John William Fype, M.D., Saugatuck, Conn.

When the war between the States came to a close, the Eclectic school of medicine was found to be in a weakened and chaotic condition. It not only lacked suitable educational institutions, but its want of harmonious leaders and competent authors was clearly and sadly apparent. The outlook for therapeutic progress at that time was discouraging, so much so that it was very evident that unless a master hand soon appeared to guide its course, the destruction of the Eclectic school of medicine could not long be delayed. In due time, however, in this case, as in all other causes essential to the welfare of mankind, the needed leader, in the mature power of mental and physical manhood, appeared on the scene. This leader, this counsellor, was the late John Milton Scudder, a man whose name will live and be honored as long as the history of medicine continues to be written.

Dr. Scudder promptly recognized an abundance of evidence of the fact

that in order to infuse new life into the school something better than the old uncertain prescribing must be taught our students and practitioners. With this object in mind, he began the preparation of new Eclectic literature, and through the means of his books and journal soon had the several factions of the school interested. A few of the older Eclectics objected to some of the principles and methods advocated by Dr. Scudder, and especially to his plan of specific medication, the system of therapeutics which has since become the distinguishing feature of the Eclectic school of medicine, as well as the feature which justifies its existence as a separate school.

Previous to the bringing of specific diagnosis and specific medication to the attention of the medical profession by Dr. Scudder, the methods of the old school and the Eclectic school were apparently much alike, for both gave drugs for named diseases as a whole, without regard to their component parts, and in a similar manner. It is true that the Eclectics used more plant remedies, sought to aid nature in its struggle with disease, and took into consideration the influence of the vital forces, and, as a result, were much more successful in treating the sick.

Beach and others had previously gathered many facts in regard to the specific action of drugs and prescribing for component parts of diseases, and thus aided in preparing the way for the system of therapeutics now known as specific medication. These facts were collected and greatly enhanced in value by the addition of numerous other facts of a more specific and direct character by Dr. Scudder, who proved through the means of his own studies and observations, that the specific action of drugs on different parts of the human body was indeed the basic principle of rational therapeutics. He maintanied that the facts he presented were founded upon the laws of nature—laws that never vary—and, therefore, these principles must be true and unchangeable. Hence, a drug that would remove a pathological state once, would continue to possess the power of removing a condition exactly like it for all time to come. He believed that these principles must ever remain the basis of scientific therapeutics, and more than a third of a century of study and observation has clearly demonstrated to the minds of thousands of experienced physicians that Dr. Scudder's conclusions were based upon a thorough knowledge of the specific action of drugs.

Symptoms Dr. Scudder called "The language of disease" or disease expressions," and said that such language could be employed as a means of constructing reliable indications for the use of drugs and other remedial agents. In his lectures and writings, he well pointed out many illustrations of the importance of acquiring a thorough knowledge of the language of disease. His illustrations were plain, practical and easy of demonstration, for they were all based on facts coming within the range of the daily experiences of the general practitioner of medicine. His indications for drugs in common use were terse and aptly presented, and he insisted that they would continue reliable for all time. The correctness of this statement has been repeatedly confirmed beyond the possibility of a doubt.

Aconite, belladona, gelsemium and veratrum viride were his favorite and

most frequently employed remedies. His knowledge of the properties of these powerful drugs was derived from careful observation of many years, and his frequently repeated recommendations of them in various diseases caused them to become known as the *"Eclectic Big Four."* Dr. Scudder said that a patient with a frequent small pulse, a hard and wiry pulse, a frequent and easily compressible pulse, a rebounding pulse, an irregular pulse, and indeed whenever there is the evidence of marked enfeeblement of the circulation, should be given very small and frquently repeated doses of aconite, and these indications, having stood the test of many years, are to-day being followed by thousands of physicians of extensive experience in the treatment of pathological states. Their successful work proves beyond a peradventure that they are also giving their patients the best treatment known to the medical profession.

"The symptoms calling for the use of belladona," said Dr. Scudder, "are usually very plain. The patient is dull and stupid, is drowsy and sleeps with the eyes partly open; the countenance is expressionless; the eyes are dull and the pupils dilated or immobile, whilst, as the wrong continues, respiration becomes affected and the blood imperfectly aerated. Belladona is undoubtedly a prophylactic against scarlatina, as I have thoroughly proven in my practice. Recollect, however, that in doses sufficient to produce dilatation of the pupil it has no such influence." Many years have elapsed since these indications for belladona were given to the medical profession by Dr. Scudder, and yet they stand forth in the light of experience as the most valuable known. Thousands of men and women are today being guided by them in their daily work, their own personal experience having proven their truthfulness and wisdom. The greater part—perhaps all—of the members of this convention no doubt, can well remember a time when a knowledge of these indications for belladona made it possible for them to guide a human life from danger over a pleasant road to safety.

Gelsemium, as before remarked, was one of Dr. Scudder's most frequently employed remedial agents. During his studies of the properties of the drug, he obtained an abundance of evidence to justify his belief that gelsemium is indispensable to a rational practice of medicine. His observations of the specific action of this agent led him to formulate certain indications for its use in disease, and these indications are accepted by thousands of the most successful practitioners of medicine of the present day as a superior illustration of the fact that specific medication is the most direct, certain and scientific system of therapeutics ever vouchsafed to mankind. In one of his many valuable articles on the use of gelsemium Dr. Scudder said: "Gelsemium exerts a specific influence upon the brain, and to a less extent upon the spinal center and sympathetic. It relieves irritation and determination of blood, and the disordered innervation that flows from it. Probably there is no remedy in the materia medica that is more direct and certain in its action. Given a case of irritation and determination of blood to the brain, marked flushed face, bright eyes, contracted pupils, restlessness and irritability, we prescribe gelsemium with certainty. Acting in this

direction, it lessens the frequency of the heart's action, and removes obstruction to the free flow of blood—a sedative. It also increases secretion in the same way." Guided by these indications for gelsemium, thousands of our most eminent physicians have time after time demonstrated beyond the possibility of a doubt that they constitute essential means of securing the most desirable influence of the drug.

Veratrum viride still efficiently remains in the position assigned it as an essential part of the "Eclectic Big Four." In it the Eclectic School of Medicine has a remedial agent of energetic and useful activity. In an article on this subject Dr. Scudder said: "In small doses veratrum is a stimulant to all the vegetative processes. Acting through the sympathetic or ganglionic systems of nerves, it removes obstruction to the capillary circulation, gives tone to the vascular system and strength to the heart. As the obstacles to a free circulation are removed and the vessels through which the blood is distributed and returned, regain their normal condition, there is less necessity for increased action upon the part of the heart, and as the power of the heart is increased, there is less necessity for frequent contraction. Veratrum is the remedy for sthenia, where there is a frequent but free circulation. It is also the remedy where there is an active capillary circulation, both in fever and inflammation. A full and bounding pulse, a full and hard pulse, a full and corded or wiry pulse, if associated with inflammation, have been found to be the most urgent indications for the use of this valuable drug." These words of the most eminent therapeutist of the nineteenth century have been the means of prolonging many lives, and they are still retained by all believers in modern Eclectism, as the most valuable indications yet discovered for the use of veratrum.

DIAPHRAGMATIC HERNIA.

O. C. Welbourn, A.M., M.D., Los Angeles, Cal.

Diaphragmatic hernia is rarely met with in surgical practice, and many men of large experience have not been so fortunate as to see one. A total of about five hundred cases have been tabulated by various authors. About one-third of these are shown to be of traumatic origin and the remainder congenital. A stab wound from a knife or similar weapon is the usual injury, and the concomitant hernia may not be suspected until symptoms of intestinal obstruction appear. As this condition may not occur until secondary cicatricial contraction takes place, the diagnosis is rarely made prior to an exploratory operation within the abdominal cavity. In congenital cases there is a marked localized weakness, or possibly a large opening affording free communication between the abdomen and the thorax. In the latter event the child will be still-born or make but a feeble and ineffectual effort to breathe. In the former there is a gradually developed hernial sac on the superior side of the diaphragm containing a portion or all of one or more

abdominal organs. This sac frequently ruptures and this characteristic of a hernia is then lost. The left posterior portion of the diaphragm is the most frequent location, and the stomach, colon and small intestine have been found in the relative frequency of the order named. Other abdominal organs also may be found.

Owing to the rarity of this condition, the diagnosis is seldom carried further than to show that there is an intestinal obstruction. At whatever time the diagnosis is made the prognosis is unfavorable.

The treatment is clearly surgical, though the experienced operator will comprehend that the difficulties to be overcome are well nigh insurmountable. The trans-pleural route would seem less difficult than the abdominal. Probably the intestinal obstruction has been complete for several hours, and the patient is in a state of collapse before the operation is undertaken. Let us be thankful that this condition is met so rarely.

I take this opportunity to present a brief history of a case which recently came under my care, by reference from Dr. Pina M. Welbourn.

Mrs. T., housewife, age fifty, gave the history of recurrent attacks of incomplete intestinal obstruction from early childhood. For the relief of a very severe attack with complete obstruction, a laparotomy was done about six years before, followed by a fecal fistula, which did not close for several weeks. The present attack was of several days' duration and gradually grew worse, notwithstanding the vigorous and persistent use of her formerly successful measures. The physical examination showed a weak, rapid pulse, subnormal temperature and greatly distended abdomen, uniformly resonant except for an incarcerated intestinal hernia in the cicatrix of the previous operation. A fecal odor was apparent in the vomitus, and it was deemed best to open the abdomen as early as possible. This was done and the cicatricial tissue carefully removed until the intestine involved was quite free. As this did not afford relief further examination was done, locating a stricture near the splenic flexure of the colon. After much careful labor a distorted link of gut was removed from an opening in the left posterior portion of the diaphragm. It was about eighteen inches long and connected the transverse and descending portions of the colon at the normal location of the splenic flexure. It was sausage-shaped, non-sacculated and the teniæ gradually separated into filaments at each end, entirely disappearing near the center. After an effort to close the opening in the diaphragm the parietal incision was closed. The patient rallied nicely from the operation and every one, including the patient, was much elated. But during the second day her breathing became embarrassed and she died quickly. Unfortunately, an autopsy was not permitted, and the exact condition of the thoracic organs remains unknown.

Other congenital anomalies noted were a very long transverse colon, a mesocolon resembling mesentery and a rudimentary omentum. She was a twin, the other one dying during childhood.

Unless a foreign body has been definitely localized at some distance from the point of entry, this, when known, should be included in the incision for removal, marking this spot for further reference by a little nick in the skin.—*American Journal of Surgery.*

INFANTILE SCORBUTIS.

G. Curson Young, M.D., Washington, N. J.

Having had a few cases of infantile scorbutis under our care within the past year, we are induced to note a few points in this rather infrequent disease; or, if the disease is very frequent, it is less observed than some other diseases of childhood.

Every abnormal condition of childhood, to a greater or less extent, presents to us a peculiar diathesis, and this peculiar diathesis is never more pronounced than in the child suffering with scorbutis, which is a constitutional disease, and presents many characteristics, manifested in tuberculosis. It is a very grave question as to whether the latter is not the product of the former, or often, they are twins.

Nutrition is an all important factor in the normal condition of every organ of the body, and if the organs of nutrition are impaired the whole body is soon impoverished and becomes non-resistant to the invasion of health and life-destroying agents. Do impaired organs of nutrition cause scrofula,or any other disease, or does scrofula or any other disease cause the organs of nutrition to become impaired? If scrofula is hereditary it may disorganize the organs of nutrition, which no doubt it does.

The old Greeks looked upon struma as the most despicable disease. Known to them, because it wasted the body and caused it to rot bone and tissue. The membranes and the glands of the body are the first parts to suffer, but previous to any apparent abnormal change in the glandular system, the stomach and other digestive organs are in an advanced stage of inertia.

A child afflicted with struma is usually of the phlegmatic temperament and consequently cold, sluggish and indifferent; with a pasty, waxy complexion; not well developed in body and often mentally stupid. The nose, mouth, lips and eyes all indicate struma as the spoiler of the blood stream. The bones are often abnormally large, more in particular the joints; also irregular in formation and development. The abdomen also, is often abnormally large and irregular in formation. The cervical glands are enlarged, and all the lymphatic glands are more or less affected.

Scrofula is hereditary, and there cannot be any doubt but what tuberculosis is, in a large number of cases. There is a difference in the manifestation of these diseases, but whether acquired or hereditary, transmitted in utero; pathologically there are many similar parts invaded by both, and the cause and basis of tuberculosis may be charged to scrofula more often than not. The scrofulous diathesis is present in most cases of tuberculosis.

We often talk and read about blood diseases. Scrofula is generally understood to be a blood disease, and sometimes it is spoken of as being caused by animal or vegetable parasites. I have often asked myself these questions: Are we not a mass of animal parasites? Are we not consuming and being consumed daily? Is not a disproportion of one genus of para-

sites over another the cause of the many forms of disease, including scrofula? Is there not a battle royal going on continually within our bodies, and the victors poison a part of the whole system with their toxins?—which, when ripe, unfold and bloom according to their genus?

Here is a strumous mother, aged twenty-five years, who gave birth to a child, apparently healthy, three years ago. We advised her not to nurse the child, but to give it over to a wet-nurse, or feed it with Horlick's Malted Milk. A wet-nurse that we could recommend could not be found, and the bottle was used very seldom. The mother claimed that the greatest joy there was in child-bearing was in nursing the child, which she could and would not sacrifice. Our advice was respected but not adopted. The condition of this child when three years old caused her more sorrow than would counterbalance all the joy experienced in nursing the child.

There were catarrhs, bronchial, gastric and intestinal. Enlarged cervical glands, abscesses in the subcutaneous alveolar tissue, a fetid ulcer in the nostrils with an offensive muco-purulent discharge, ophthalmic struma with ulcers and inflammation involving the entire eye; eruptions on the ears and face, with a number of sores on the elbows and knees. Even the genitals were affected with abscesses on the labia majora.

Here was a case of hereditary scrofulous manifestation of the most aggravated type, in a child three years old, which in my opinion would not have been so distressingly general had the mother acted as we directed, and not have fed the child with her highly struma-charged milk. While the child was in utero she was helpless, but after the birth of the child she was responsible.

I think such cases should be reported to the board of health, and said board should have power, by some means, to make it impossible for such mothers to nurse their children.

The treatment of this child was continued for three months. As a constitutional medicine we gave: ℞ Fl. ext. rumex crisp., fl. ext. iris ver., aa gtts. xlviii; elix. lac. pepsin, ʒj; aqua, q.s. ad ʒij. M. Sig. One teaspoonful morning, noon and evening. Alternated every other day with ℞ Fl. ext. phytolacca dec., gtts. xvi; simp. syr., ʒss; aqua, q.s., ad. ʒij. M. Sig. One teaspoonful morning, noon and evening.

The enlarged and knotty glands were bathed twice a day with fl. ext. phytolacca dec., well rubbed in, morning and evening. Where it was possible the parts were covered with oiled silk, held in position by adhesive plaster. The abscesses were encouraged by hot applications to ripen, when empty they were cleansed with antiseptic lotion and healed with an ointment made as follows: ℞ Beeswax, ¼ pound; mutton suet, ½ pound; resin, ¼ pound; lard, fresh, 2 pounds; carbolic acid, deliquesced, ½ oz. Simmer all together over a slow fire until melted, then strain through a coarse cloth and keep in glass or earthen jar for use. For old ulcers and scrofulous sores this ranks as one of the best. In this case the sores and ulcers were all healed in about six weeks, and new ones failed to appear. The glands were reduced to normal condition and the general health restored. Six months

have passed since treatment was discontinued in this case and no further trouble.

Six other cases, all between three and twelve years of age, were treated during the past year very much the same as the one described.

The general health of these children was attended to as required. The bowels and heart needed the most attention in most of these patients. Tr. of convallaria was used for the heart trouble and simple laxatives for the bowels.

We have prepared this article with a view of showing what the inconsistent conduct of a mother may do, the simplicity and effectiveness of the treatment, rather than the technique of the disease or treatment.

HYDRASTIS CANADENSIS.

W. E. Aubuchon, M.D., Frankclay, Mo.

Hydrastis, as a wild plant, is indigenous to the central and northern United States. It requires for its thrifty growth a well-drained soil, rich in humus, plenty of moisture, free circulation of air and the shade afforded by the natural forest free from underbrush.

In recent years forests have been destroyed and the soil utilized for farming purposes, thereby destroying its natural habitat, until hydrastis, growing wild, is no longer to be found in large quantities. With the increasing scarcity of the crude material the price of the manufactured product has naturally increased until now it is almost prohibitive. The attractive price commanded by golden seal roots has induced many to attempt its cultivation. While, to a certain extent, this has been successful, the process of growing marketable roots is so expensive and so tedious that the price has not been affected. Just now growers are paying more attention to unloading young plants on inexperienced would-be growers than to supplying roots for the market.

Hydrastis is one of the most important agents in the Eclectic materia medica. Its importance, coupled with its commercial value, has stimulated a search for a substitute among other plants; but no plant, or substance, has been found that can replace its many virtues. Its range of usefulness is so wide that I believe I may safely say that all chronic, the majority of subacute, and many acute conditions, will be materially benefited by its use in one form or another.

Hydrastis is classed among the agents that act upon the nervous system and is placed by Ellingwood at the head of the list of corroborants. It is a pure nerve tonic. Acting upon the central nervous system, its influence is exerted in promoting normal circulation thereby increasing nutrition. While its action is slow it is none the less permanent.

Its tonic, restorative and soothing influence upon disordered mucous membranes makes it our most important remedy in the treatment of all conditions affecting the mucous membranes of the body. In all atonic gastric

troubles both its local and constitutional effects are beneficial, either alone or combined with such agents as nux vomica or gentian. Irritable conditions of the stomach may be relieved by hydrastis in small doses or in connection with bismuth or amygdalus.

As a mouth wash in catarrhal stomatitis, as well as aphthous or ulcerative stomatitis, it is soothing and healing, restoring the normal function of the mucous membrane. It is useful in proper dilution as a gargle in tonsillitis and associated conditions; as a spray in catarrhal conditions of the nose, and as an injection in gonorrhea. Its beneficial influence is not less marked in the treatment of disorders of the uterus. Applied locally it has a curative effect on relaxed or atonic mucous membranes, relieving all such conditions of the uterus and associated organs.

All cases of nervous breakdown, whether caused by worry, overwork, wasting disease, or even over-indulgence in alcoholics, will be benefited by hydrastis. Atonic conditions of the gastro-intestinal tract will be restored to normal function by its use.

Its therapeutic range is so wide that it is impossible to enumerate all the conditions calling for its use, but the term "atony," whether of nerve tissue or of mucous membrane, describes the indication demanding hydrastis, both locally and internally.

There are many preparations of hydrastis on the market, the most prominent of which are powdered root, fluid extract, specific medicine hydrastis, Lloyd's colorless hydrastis and the alkaloids, yellow and white hydrastine.

I use the powdered root in the treatment of malaria, when there is atony, mixing enough of it with quinine to produce a golden yellow color, and give capsules. When treating gastric disorders I use specific medicine hydrastis, combined with nux and belladonna. If attended by constipation I add arom. cascara comp. For local use, as gargles, mouth washes, etc., I use Lloyd's colorless hydrastis in combination with phytolacca or other indicated remedies. When treating uterine disorders, use colorless hydrastis with glycerin or ichthyol on tampons. Conjunctivitis will be benefited by the local use of colorless hydrastis in boric acid solution. When using hydrastis locally it should also be given internally.

Though hydrastis is said to be poisonous in overdoses, I have had no bad results from the use of large doses of the specific medicine or colorless hydrastis. The reason for this is that in the preparation of these agents the white alkaloid, claimed by Professor Lloyd to be the poisonous principle, is rejected.

I will now cite cases illustrating the facts mentioned above:

Case 1. Mrs. W., aged twenty-six years, had been sterile for six years, came to me complaining of continued headaches, no appetite, nervous and a persistent leucorrheal discharge. I found a thin, nervous, rundown woman, unable to eat or sleep. Examination revealed relaxation of mucous membranes with atony of intestinal tract. I applied Lloyd's colorless hydrastis and glycerin on vaginal tampons every second night, with antiseptic wash on intervening days. Internally I gave hydrastis, nux and leptandra. After

eight weeks of local treatment and three months' internal treatment she was entirely well. She has taken no treatment for four months, and now expects an heir in about four months.

Case 2. Mr. G., aged sixty-one years, came to me complaining of nervousness, loss of appetite and inability to sleep. Mucous membranes were pale and relaxed. Food was not being digested or assimilated. Constipation was his most aggravating symptom. He complained continually of a sore mouth, which gave him a great deal of trouble. I gave him specific medicine hydrastis in large doses, three times a day, with arom. cascara comp. to keep bowels free. After four or five weeks he was entirely well and has been well for six months.

I could describe other cases, but this will suffice to illustrate the action of hydrastis.

CHOLELITHIASIS.

John C. Story, M.D., St. Joseph, Mo.

Gall-stones are caused by concretions forming in the gall-bladder due to infection. A catarrhal inflammation of the gall-bladder excites the pathological production of cholesterine by perverting metabolism inside the mucous secreting cells in its walls.

Infective catarrh of the small intrahepatic ducts lead to an albuminous exudation which precipitates bilirubin calcium stone in the bile. The exciting cause is an infective inflammation of the gall-bladder and bile ducts, usually of a mild character, with various pathological organisms as the colon and typhoid bacillus.

Among predisposing causes are: (1) The female sex especially being attacked between thirty-five and sixty years of age; (2) stagnation of bile, due to an excessive diet of starches and fats; (3) a sedentary life; (4) constipation; (5) tight lacing, and (6) pregnancy.

In the majority of cases bilious colic does not occur. When a gall-stone becomes impacted in a bile duct the patient experiences agonizing pain in the right hypochondriac region and often accompanied by sweating and vomiting and a feeble running pulse. The infective process may progress to purulent and gangrenous cholecystitis without the passage of stones. If stones pass through the common duct without becoming impacted jaundice and pain may be absent, but when occlusion of the common duct occurs the jaundice becomes intense. Jaundice occurs in about 50 per cent. of the cases. Physical examination usually reveals a prominence over the hepatic area and the liver can be felt by the palpating finger below the costal margin and at times as low as the umbilicus. The gall-bladder is very tender and if it contains many stones crepitation may be noticeable. Many cases of gall-stones are not recognized during life, or else they are found as an accessory condition in the operation for other intra-abdominal lesions.

The diagnosis of gall-stones are usually difficult, except those cases seen

during an attack of biliary colic or those showing evidence of complete occlusion of the cystic and common ducts. A partial obstruction of the common duct by a stone may occur without infection of sufficient intensity to cause symptoms, the diagnosis may then be made from the history of previous attacks of biliary colic and by variations in the intensity of the jaundice.

Diagnosis during the interval between attacks is most difficult, for one has only the history and the results of a physical examination upon which to depend. History is of the greatest importance, since many cases assumed for years to be gastralgia, intestinal colic, indigestion and appendicitis, or even gastric ulcer, are found to be cases of gall-stone. Jaundice occurs so rarely that its absence in the history must not permit one to think of excluding gall-stones. This is especially true of stones in the gall-bladder or cystic duct. Jaundice, if of slight degree, is difficult to detect and a good plan is to look at the roof of the mouth at the back of the hard palate where it is often visible if nowhere else.

Continued fever with but slight remissions indicates an empyema of the gall-bladder. The jaundice between chills and clay-colored stools should always direct attention to gall-stones. Stones in the cystic duct cannot be distinguished from those of the gall-bladder unless a tumor is palpable. Stones in the gall-bladder cause no symptoms except those indicating acute or chronic cholecystitis. Stones in the common duct cause excruciating pain accompanied by distinct rigors, irregular fever and jaundice which varies in degree.

It is a much disputed question as to whether we possess any treatment which will overcome the infection in the gall-bladder or dissolve gall-stones. In the presentation of this paper I desire to call attention to a treatment which I have employed for some time in the treatment of gall-stones with good success. In a clinical experience covering thirty-five recorded cases of gall-stones this treatment, where it was applied persistently, cleared up every pathological symptom of the disease. I do not know whether this treatment dissolved the gall-stones or not, but I do know that the faithful and persistent application of this treatment for from three to six months will cause every symptom by which gall-stones can be diagnosticated to disappear and the patients return to normal health.

The treatment is as follows: One-half to one ounce of sodium phosphate taken every morning before breakfast. It should be dissolved in four ounces of hot water as hot as can be swallowed. The patient is instructed to regulate the amount of sodium phosphate so as to keep the bowels moving on an average of twice daily. The two following prescriptions should be taken faithfully: ℞ Sp. nux, gtts. xx; sp. chionanthus, ʒiii; sp. dioscorea, ʒiii; syr. rhei aromat and elix. lactated pepsin, aa q.s. ʒiv. M. Sig. One teaspoonful every three hours. ℞ Acid salicylic, gr. iii; sodium bicarb., gr. v; charcoal, gr. i. M. and make into capsules or tablets No. 1. Sig. Take two after each meal.

The diet is very important. All fats and starchy foods should be strictly prohibited as well as all alcoholic beverages. Avoid the use of all breads

and pastries made from white flour. The patient should eat only breads made from dark flour, as rye, graham or whole wheat. It is very important to instruct the patient that this malady is of a very chronic character and that time will be a very leading factor in a cure, and that less than three months' treatment will not accomplish much. You should persiss in this treatment from three to six months, and you will be surprised at what can be accomplished in the way of curing even the most chronic cases of gall-stones.

OBSTETRICS AS PRACTICED ON THE DAKOTA PLAINS.

G. W. Suddard, M.D., Hayti, S.D.

It is with some misgiving that I take up the subject assigned me, viz., "Obstetrics as Practiced on the Dakota Plains," because I know my exposition of it will be disappointing to my Eastern brethren, who will naturally expect something sensational under such a caption; whereas, as a matter of fact, there is probably but little if any difference between obstetrical practice here and that of any other rural community, and the more I have thought it over the more difficult my task appears, since the very wording of my subject would seem to imply a distinctive mode of practice. However, inasmuch as within some of the more remote areas of our plains, where doctors are few and far between, other than graduated and licensed physicians practice midwifery, and if you will permit me to have recourse to these places and measures I may be able to recite a few cases of more than ordinary interest.

First of all, it may be well to state for the information of my Eastern confreres that the Dakota plains produce a splendid type of woman, healthful, with well-developed muscles; sanguine in temperament and altogether lovely, and naturally so since it would be hard to find a more salubrious place than the broad, wind-swept plains of the Dakotas, where the days are warm, even in midwinter, and the nights are cool even in midsummer, nor a life more conducive to health than the largely outdoor life of these women, who as girls take hold with their brothers in the harvest field and shrink not from the plow and harrow in seeding time.

It may be deduced from these facts that the use for instruments in our obstetrical practice is somewhat meagre. It does not mean, however, that we have no protracted labors, malpresentations or mechanical obstructions, for such things do occur even here, but in cases of simple protracted labors it is not customary on the plains to get excited, call counsel and discuss colpohysterotomy, Cæsarean section, etc., but, after making our patient as comfortable as possible, to repair to the kitchen or cyclone cellar and smoke or otherwise beguile the time while nature is beneficently attending to the processes of lubrication, dilatation, etc., so essential to the parturient act, and which she may be confidently relied upon to do when unhampered by undue meddlesomeness. While not wishing to assume the rôle of a tutorial

lecturer before this assembly, I cannot refrain from venturing the assertion here that many of our failures are due to non-appreciation of the resources of nature.

One of our South Dakota Eclectic practitioners, well-known in National Eclectic circles and probably the wealthiest physician in the State, used to spend the time, while awaiting developments, hunting jack rabbits and sometimes much to the disgust of his patient, but fortunately for him he possessed the capacity of readily jollying her out of her mood of disgust and never suffered in consequence.

It will be observed from the foregoing remarks that on the Dakota plains we still believe with the fathers of our school that parturition is a natural process, and that as obstetricians we should not usurp nature's office unless confronted with certain abnormal conditions rendering interference absolutely imperative. When conditions arise, with which it is apparent nature is inadequate to cope, then we take off our coats and go to work; but in the great majority of "difficult" labors we find that a little kindly assistance, by way of inducing nature to exert her best efforts, lending her reinforements as it were, enables her to carry the day, and that without serious injury to mother or child.

Under different circumstances, however, similar cases are handled quite differently, even on the plains. For instance, Dr. A. is a very busy man. He has a large practice, covering a wide territory, and he frets and galls under the collar during the precious hours he is waiting for the tediously slow process of dilatation (we find in some cases) to take place. Dr. A. believes in expediting these cases and studies the means at his command for so doing. The result is that Dr. A. finally becomes a forceps expert, not always materially to his patient's detriment, but frequently so. Considering only the doctor's business, this is good practice; it necessitates extra visits and swells his income.

Dr. B.'s practice is not so large, he can afford to spend more time in those cases, and besides he is imbued with the importance of care and patience as well as strictly aseptic measures in each and every case. He, therefore, only uses forceps when he finds it absolutely necessary to do so, and consequently it is seldom indeed he has resort to them.

We have the ubiquitous midwife on the plains in two varieties of the same species. Let me say here parenthetically that "The Plains" has reference only to the rural districts and does not include the bright, thriving, modern and entirely up-to-date towns and cities on the plains. Our midwives then, A. and B., are principally old women. A. represents the "woman of importance" type. She assumes to know it all. Her knowledge is of a superior character to that of any other living being, male or female. She is a prophetess and predicts both the day and the hour of arrival as well as the sex of the expected child, and when she fails in these prerogatives of the ancients, as she usually does, says she knew different all the time but for good and sufficient reasons gave out the misleading information instead of the correct. In order to exhibit her importance as a factor in the

processes which make for the replenishment of the earth and to show her unfortunate victim that she intends to earn her money, midwife A. makes numerous examinations during labor, with uncleansed hands, and valiently relieves nature of all further effort as soon as she can get a hand-hold. So anxious is she, indeed, to exhibit her usefulness that she industriously digs with the same unclean digits to get a hold. She usually has more or less trouble and makes her patient believe she has saved her from imminent danger of dissolution, but unfortunately for the patient her real danger is not yet passed as she not infrequently finds a few days later. So much for A., the officious.

The other variety, B., though no more cleanly, is modest, unassuming and careful. She takes things as she finds them and allows nature to work out her own salvation without interference. B. is by far the safer of the two in the parturient chamber, since serious results from her ministrations are less apt to supervene.

I was called very early one Sunday morning, not long since, to the home of a young foreigner a few miles from town where I found a young woman (primipara) who had been in labor twenty-four hours; breech presentation. Two old ladies had been officiating, and poking around had got hold of the scrotum and thinking it a superfluous appendage had promptly endeavored to drag it off. It was terribly lacerated, swollen and inflamed, and the old ladies were very curious to know what it was and whether or not I had ever seen anything like it before. They had their patient laid out on the bed with an old horse blanket, an old skirt of some dark material, and an old pair of overalls, under her, all of which were absolutely filthy; the good old ladies deeming it an unwarranted extravagance to use clean clothes for such a purpose, and indeed as far as using dirty old garments for this purpose is concerned, this was no isolated case. It is the general practice among thrifty foreigners when the doctor fails to get there in time to prevent it.

One cold winter morning a couple of years ago a gentleman drove into town for me in a hurry, saying his son's wife had had a baby that morning, being attended by a midwife; that everything had gone all right till after the baby was born, when the mother became sick and they feared she was going to die. I asked if she was bleeding and he replied that he thought she was. I told him to drive me there as quickly as his team could go, and he did so, but it was not quick enough, for the unfortunate woman was dead, exsanguinated, when we got there. I found an adherent placenta with placental end of severed cord untied. When pressed by the patient's friends as to the cause of death, the midwife had assigned as the cause the presence of a tape worm which she said had crawled up into the woman's throat and choked her to death. Since that time professional midwives have not been doing a very lucrative business in this vicinity.

Some distance back I referred to the use of kindly methods or agents to assist nature in labor. These kindly agents are hot water, chloroform, ergot. We also find use at times for macrotys, gelsemium, quinine, lobelia,

etc. Hot water, applied to the perineum by means of a large compress, is a splendid agent to induce pains in the second stage of labor. If the patient be timid and afraid to make the necessary efforts because of pain, chloroform has the effect of blunting the pains and giving greater courage. Of course, chloroform is not to be given to complete anesthesia. When progress is slow, notwithstanding these measures, half a dram of the fluid extract of ergot or of the specific medicine ergot means that there will be something doing very shortly; if not, then a resort to instruments is warranted.

In four years of general practice on the plains I have attended a hundred and fifty confinements. I have had one case of placenta previa centralis, two breech presentations, two podalic presentations, one case of twins, two R. O. P., one L. O. P., and the rest have been either L. O. A. or R. O. A. presentations. In three instances the child was born dead, in one instance the child died a few minutes after birth, the rest lived.

In the case of placenta previa, in which I had assistance, the only case in which I ever had assistance, puerperal septicemia ensued and the unfortunate woman had a hard fight for her life but won The rest of my cases have all made uneventful recoveries but one in which puerperal mania developed, from which the patient was several weeks in regaining her normal status.

APOCYNUM.

R. L. Thomas, M.D., Cincinnati, O.

I have written nothing on apocynum, but I might talk on it all the afternoon, because I think it is one of the greatest remedies that the Eclectic school has for certain conditions, such as dropsical conditions depending upon a nephritis; those conditions where we have certain functional lesions of the heart secondary to dropsy; where the kidneys cease to do their work, and where we have a large accumulation of fluid with scanty secretions. In these conditions it is one of the remedies that can be depended upon, especially in the form of a decoction. It seems that this drug yields its properties better to a decoction than an alcoholic preparation, and Prof. Lloyd can tell you why. If you have a condition where the patient is dropsical, with a bad heart, unable to lie down; and is only passing four to six ounces of bloody urine; put your patient on a decoction of apocynum and you will soon get results. The kidneys will start to secrete and you will get from two pints to two gallons of urine inside of forty-eight hours, the effusion will disappear, the heart will behave itself and the patient will sleep like a baby. I do not mean to say that your patient will get well, for the structure of the kidney may be beyond repair; but it will bring much relief to the patient. In endocarditis drop doses of apocynum will prove very beneficial. There is one unfortunate thing about this agent. I have asked Prof. Lloyd if he could not in some way extract the bitter part

of apocynum. That is the only objection—if you give it in large enough doses to be effective it will produce nausea, but I believe that you can overcome this by giving it in capsules. In this way you can give it to children. I have in mind now a little girl who has been on drop doses of apocynum, three or four times a day, for acute endocarditis. The improvement in the heart's action has been constant. So we find apocynum, given for dropsical conditions, certain conditions of the kidneys, or in endocarditis, one of our best remedies.

DISCUSSION.

Dr. Rowe: (Buffalo): I very much appreciate Dr. Thomas's remarks on apocynum. I want to tell you of one case under my care at the present time, with what we might term mitral insufficiency, in which the limbs from the knees down have been swollen intensely, the heart action was very labored, the patient could not lie down, could not sleep without narcotics. I was called to see him—he was in charge of an allopathic physician who had given him an infusion of digitalis in about teaspoonful doses every three or four hours, with reasonably good results. He also had abdominal dropsy, and I suggested the use of apocynum. I used in that case the specific tincture, because I had it with me. I gave him five-drop doses repeated every thirty minutes, until I got a watery discharge from the bowels. In this case there was not over two gills of urine passed in twenty-four hours. I gave him a hypodermic of sulphate of strychnia, one-sixtieth grain; then I used the apocynum. The kidneys were not seriously affected, because there was no albumen. If it had been present in marked quantities I could not have accomplished the result. He slept in a semi-reclining position that night, and the next day the swelling in the limbs was much reduced. In forty-eight hours the limbs were normal, he could sleep, his appetite was good, the condition of the heart was strengthened, and the most astonishing of all is that I do not believe he will have to be tapped, and that is what I expected to do when I called. Apocynum was the only thing used, outside of the strychnia, and it is a remedy that can be depended upon.

Dr. Markee (Illinois): I would like to tell my experience with apocynum in the treatment of a child. A year ago I was called to see a child nearly four years old, suffering from ascites, which I was told was the result of whooping cough. I thought the child would have to be tapped, and I took him eighteen miles to a surgeon to have him tapped, but when I presented him to the surgeon he said the child would die, that it could not recover, and if he tapped it the parents would say he killed it. I took the child home and treated him with apocynum, and he improved for two weeks, and then the kidneys went back on him, so I tapped him. I repeated that in a week, and he made rapid improvement, and he seems to be perfectly well to-day.

Dr. Frank Webb (Bridgeport, Conn.): I would like to hear from Dr. Thomas on his success with the subculoyd apocynum.

Dr. T. D. Adlerman (New Yory City): I would like to mention the use of apocynum in certain cases that I have been unable to find in the text-books, and that is in the treatment of neuralgia—brachial neuralgia and neuralgia of the ulnar nerves. In this particular case the use of apocynum was really an accident. The case was treated at my house and the patient knew exactly where a certain medicine had been standing, and she was told to use the old remedy again, and she got a bottle of apocynum. She took a dose and repeated it a few times and experienced quite a relief from

brachial neuralgia. I have since used it in brachial neuralgia and tri-facial neuralgia with exceedingly good results. I think it worth while experimenting along this line in our general practice.

Dr. Thomas: What little experience I have had with subculoyd apocynum promises much for its efficiency. In one case where the patient had mitral insufficiency, with enormous dropsical effusion, being unable to lie down for nearly a week, the hypodermic use of apocynum and strychnia gave marked relief, the patient assuming the recumbent position and resting very quietly the most of the night. When it was stopped she would have to sit up again. The old lady finally died, but it tided her along. I am expecting a great deal from this preparation.

Dr. Frank Webb: If I may be permitted to speak on this subject of subculoyd apocynum, I have used it in twenty-seven cases. I have a case that was given up by four physicians. There is carcinoma of the stomach, one of the left breast, another in the uterus. The kidneys were hardly acting at all, and the mitral stenosis was pronounced. The day I was called to the case I began apocynum, and the patient is taking solid food and is able to sit up. I can endorse the use of apocynum hypodermically.

Dr. R. E. Holmes (Harrisburg, Pa.): Apocynum is my remedy for sciatica, where I can get no results from other remedies, and hypodermically it proves a great success, and therefore I would advise you that if you have not used it, not to hesitate to do so, and you will get results after you have been baffled by other remedies.

Prof. John Uri Lloyd: My name has been used in connection with the pharmacy of apocynum, and I will answer the doctor's question by saying that apocynum is a mixture in which we have in juxtaposition, substances soluble in water and substances soluble in alcohol—some only in water and some only in alcohol, and when the pharmacist attempts to represent apocynum he finds it impossible to do so in any one liquid. One of the failings of both the pharmacists and the physicians also is that they often speak of representing this drug in a single liquid preparation. Dr. Thomas gave the decoction for a certain quality, but he will not find that present in the hypodermic preparation. The reputation of apocynum was made by the aqueous preparation, and we must not forget that by the simple method of decoction or infusion you can sometimes accomplish what you cannot in any other way. The two preparations of apocynum, one soluble in water and the other in alcohol, are the preparations that must be used if you wish to get the whole effect. Please do not forget that the pharmacist is studying it, and after working a lifetime we find ourselves perplexed. Even Prof. Palmer, one of our best pharmacists, with his exact methods, would say I know that he is just beginning to study apocynum.

Dr. Thomas: I want to emphasize what Prof. Lloyd has said about the aqueous preparation, and this also applies to macrotys mentioned by Dr. Truax. Many times you can get effects from a decoction that you cannot get from the tincture.

Dr. Davis (Illinois): I did not think of saying anything, although I have had quite a little experience. I would like to mention a case in which I had endocarditis. I used the specific tincture in five-drop doses every few hours, and I thought I was getting nausea, but I found the nausea was from pressure. I continued the apocynum until the kidneys were working thoroughly, the dropsy had gone in ten days, the albumen had disappeared, and she came to my office just before I left home. I have used the infusion, but this was not the infusion.

Dr. B. K. Jones (Kenton, O.): I think we can well improve our time by talking on this subject, because it is a marvellous remedy. I suppose you

have all had the experience when called in consultation and you suggest to the doctor that he employ apocynum, that he will say: "That is something that I do not know anything about." But if he has sufficient confidence in your judgment, he will follow your suggestion, and will never again practice medicine without it. I have never used the infusion, but I have prescribed it in capsules. Take a small vial of the specific tincture and give them a dropper and instruct the nurse or attendant how to fill the capsule. I have prescribed four drops; that has been the maximum with me. I have had some very good comparisons with other remedies.

Dr. Ewing: I have used apocynum, specific tincture, for a number of years, and have had excellent success with it in general ascites. But I got hold of a case that it did not seem to make any impression on, and in consultation with a homeopath he advised me to try the decoction instead of the tincture, and I got excellent results.

Dr. Hauck: I would like to speak of one complication where I have used apocynum without good results, and that is in high blood pressure. I reduced the pressure with some of the nitrate preparations, and then used apocynum. I found it better to use the apocynum after than before.

TREATMENT OF SYPHILIS WITH SALVARSAN.

W. G. Choate, M.D., Hot Springs, Ark.

If I had selected my own subject to have written upon for this association, it would probably have been some other than the one selected by the Secretary, but I will ask you present to bear with me while I give you my experience and observation with "606" or salvarsan. Also will give you a short history of this remedy.

606 was first prepared by Prof. Ehrlich and Bertheim. Clinically tested by Dr. Hata, and is put upon the market under the registered name of "Salvarsan," in original packages of 1½-3-4½-6-7½-9 grains. Preparation of this article is carried out under directions of Dr. Paul Ehrlich. I will not deal any further with the preparation of "606."

When it was first given to the medical profession, as a remedy for syphilis, some of the most renowned men of this country and Germany at once began to use it. The result was we would read articles of praise in one journal and condemnation in the other, and also some newspaper articles, when some advertising man with superior ability over all the rest, was treating blood poison with wonderful success, all because he understood the use of salvarsan.

I want to say that I have studied this remedy closely for the past year, having used it in something over two hundred cases, and I know that it is a remedy that has come to stay, and will eventually take its place in syphilis and other diseases, where indicated, and we will finally use it with the assurance in certain conditions as we do gelsemium, echinacea and other remedies. I have brought tubes of "606" along that those here, who have never seen it, may do so.

Use.—I will state in my opinion it is the large dose of arsenic that does the work. I studied all our literature on syphilis, the indications for arsenic,

and finally arrived at the conclusion, that if we had a patient that had the indication for arsenic, it would be a valuable remedy, provided the patient could stand the large dose. What is the indication for arsenic? Doughy, muddy, inelastic skin. Vesicular or papular eruption, cutaneous weeping, ulcers, enlarged lymphatics, mucous patches; where we have all the conditions of syphilis due to the toxic condition of the circulation, we we get the best and more pronounced results from "606." Before syphilis affects the more delicate fibers of the body, the earlier we use it the better the results. So after studying the conditions under which it should be used, and naturally seeing every form of specific skin lesion, I began to use it very cautiously.

I will say that I have used it in every form of syphilis and have had fine results in most all cases. But give me a case where we have secondary lesions. I will heal the sores in from four to ten days, and make the patient happy and cheerful, and I have him in condition to begin with other treatment, and thereby I am enabled to get quicker and better results than any man can possibly get who does not use it.

I do not know of any better way to present to you, as a body of medical men, than to recite a few cases in which I have used "606." as after all, it is facts we want.

E. E. B., of Boyle, Miss. Age forty-eight. History of syphilis twelve years. Condition, sores on both legs, four to six inches in width, depth from one-fourth inch to the bone. I used the ordinary treatment in 1910 and 1911. As he visited the Springs both of these years, each time he went away better, but was not healed when he returned in January, 1912 After we got him sober, as he is a periodical drinker, I gave him "606." Three weeks after I gave him another, and again in three weeks the third. Result, he has gained forty-four pounds in weight, ulcers healed, though I have used other treatment.

R. M. G., Ft. Smith, Ark. History—syphilitic infection two years ago. Condition, on the inside of the leg, reaching from scrotum, ulcers ten by eight and one-half inches in circumference, and very deep in places. After giving "606," thirty days entirely healed.

T. E. B., Dennison, Tex. I will say this is a very important case. Syphilis twelve years, standing, weight 110. On crutches, had been to Springs eight weeks, very much emaciated. Been under care while there of good physician. Had ulcer of tibia. I used "606" January 23, 1912, and February 1, 1912. Threw crutches away, left Springs April 15, gained forty pounds in weight and picture of health. I mention these few cases as they are bad.

The preparation of patient: To do the subject justice, this paper would be entirely too long at best, so I will make it as short as possible. I have the patient to take physic, usually of salts or Pluto water, the night before; clean bowels out thoroughly, and then at two o'clock in the afternoon administer the 606. I sterilize the arm of the patient, using iodine following with alcohol. While my assistant is doing this I am preparing 606, the method of which I will now give.

Prepare your patient as if you were going to do some abdominal operation. I want to say, never use this remedy only by the way of the vein, as,

in my experience, results are quicker, more positive and reliable. I will not deal with the intramuscular method, as I regard it as inferior and unworthy of consideration. I add about an ounce and a half of sterilized water in the bottle, then add a tube of 606. I shake until it is clear and dissolved perfectly. I then add about twenty drops of 15 per cent. solution of caustic soda. This will cause a precipitate to form which will dissolve on shaking. If it fails I add a few more drops. Be sure and use chemically pure sodium chloride. This is now filled with 250 c.c. of sterile ½ of 1 per cent. saline solution. The solution will be a clear, golden yellow color.

Patient being prepared, I now insert my needle in the vein; usually takes about fifteen minutes to give it. After dressing the arm I put the patient to bed. In from one to four hours we usually have a rise in temperature and chill lasting from thirty minutes to two hours. During this time I direct the patient to drink plenty of water and eat nothing. Next morning the patient can have light breakfast and is usually out of bed in the afternoon.

The success with 606 will be in proportion to the technique employed in the mixing of the solution. It must be absolutely dissolved and free from any organic or mineral substance. The acid use by some operators I think is uncalled for.

THE ETIOLOGY OF CANCER.

C. Woodward, M.D., Chicago, Ill.

The human organism still presents in the twentieth century many problems, which, so long as man relies on the microscope for investigating conditions, will remain unsolved. The use of the microscope while it assists in the discovery of new terrestial bodies cannot enable man to determine their origin and cause of movement. For ages intractable diseases have been determined by their exciting effects and named to designate the discoverer or part affected. It cannot be denied that this is not investigating the last development or destructive stage of disease.

Commissions appointed to determine the etiology of cancer have definitely reported that micro-organisms are not its cause. If all the factors that contribute to this disease are to be known, all the perversions of the initiatory constituents and primary physical functions must be traced through every stage of their consecutive development to the ultimate determination of blood into the proliferation of cancer cells. There is no controversy over the fact that the cells and organized tissues are the initiatory constituents of the human body, or that motion and electricity are the primary physical functions.

All cells or protoplasmic masses help to form organized tissue, and these minute bodies are distinguished by their vital properties of ameboid motion. These ciliary movements are possessed with the power of attracting to themselves, from surrounding matter, the material of growth and reproduction. As reproduction progresses by segmentation the various

cellular, fibrous, and connective tissues, membranes, and circulatory vessels are developed. All tissues, membranes and vessels are formed with more or less elastic fibers and permeated by nerve filaments. Organized tissues are endowed with various motions, as ciliary, contractive and expansive, and are influenced normally or abnormally by irritant or non-irritant stimuli.

Digestion is a chemical process. Every process in the body is a chemical change. Every chemical change produces electricity. The nerves are conductors of electrical stimuli. Whenever foods in the stomach are physiologically oxygenized, irritant stimuli are absent during the digestive process. When foods are chemically disproportioned and perversely oxygenated, irritant stimuli are generated and conducted by electrical currents to the nerve centers, resulting in reflex contractions.

Works on physiology state that a solution of sodium chloride passes through animal membranes much less readily than pure water; *i. e.,* if an animal membrane is stretched through the center of a cup with a solution of sodium chloride on one side and pure water on the other, the sodium solution will by exosmosis infiltrate the meshes and thus retard transudation. This presents a scientific demonstration of how an irritant, stimulating food and drug, the most popular and considered the most indispensable article of nourishment, infiltrates organized tissues and obstructs transudation of the body fluids. It not only retards transudation, but by a repetition of its irritant influence of overstimulating nerve filaments excites reflex action and induces an isotonic condition of all elastic fibers.

The physiological classification of foods as proteid, carbohydrates, fats and mineral matter has caused scientists to overlook the changing of these elements to an irritant state from blending and forming new combinations by producers. The blood, from these irritant foods, acquires a disproportioned chemical condition and is then unable to generate sufficient electrical energy for physiologic oxidation. The overstimulating of nerve filaments results in reflex action and produces general atony of all organized tissues. Thus, weakening contraction and expansive motions of the alimentary canal and develop, by retention of food, irritation, indigestion and constipation.

With electricity weakened and oxidation limited, the gastric and assimilative functions become so impaired that the system, year after year, consecutively develops various irreparable perversions, such as deficient anabolism, enervation, catabolism and organic condition of the circulatory system. When part or all of these perversions are irreparable, the nervous and circulatory systems are too weak to control, and especially to absorb, a determination of blood which develops exciting causes in irritable cancer fields—the face, breast, liver, stomach, bowels, uterus, bladder and rectum.

A wide experience and close observation have furnished indisputable evidence that the blood fluctuates from the addition of irritant or non-irritant nourishment without being infected by micro-organism and which is the greatest cause of enervation with a large proportion of people. Man may live to an advanced age with one or more irreparable perversions, and

with a vitiated condition of the blood, unless some injury, dead cell or obstructed circulation creates an irritation with determination of blood that develops benign or malignant growths.

The treatment of cancer resolves itself into the removal of causes which obstruct transudation and cell motion; the increasing of electricity and oxidation; the repairing of gastric and other perversions, and the absorption of local growths. I would classify the treatment as follows:

1. Limit nourishment which inhibits motion of the cells and organized tissues. This favors motion of cells and transudation of body fluids.

2. Limit nourishment which chemically disproportions the blood. This increases electricity and improves oxidation, restores digestion and peristaltic movements of the alimentary canal.

3. Limit nourishment which overstimulates the nerves and circulatory system. This favors normal reflexes and restores tonicity to the nerves and elastic fibers.

4. Limit or proscribe nourishment which irritates distributing nerve branches of the alimentary canal. This controls much reflex action and favors anabolism and catabolism.

Most practitioners are looking for some specific remedy or cure for cancer, but, when the differential degrees of perversions are considered, it can be seen that the exciting causes must indicate a wide difference to medicate. Whenever irritant and chemically disproportioned nourishments are proscribed, deficiencies of the blood may be corrected by medication, resulting in better digestion and oxidation, increased electrical force and peristalsis.

Conclusion: In order to form a probable prognosis of any particular case of cancer, the physician must recognize the reparable and irreparable degree of perversions from the obstruction of the physiological cell to the determination of blood into cancer cells.

DIAGRAM OF CANCER.

Initiatory Constituents—Cells and Organized Tissues..

Primary Physical Functions—Motion and Electricity..

CAUSE.	EFFECTS.
Excessive use of sodium chloride and other irritant nourishment.	Obstructed transudation.
Blood disproportioned by blended foods.	Obstructed motion and deficient electricity.
Drinking and overeating of stimulating foods and resultant relaxations.	Atony of elastic tissues.

Digestion is a chemical process which generates electricity and heat—by a chemical physiological equilibrium of the blood.

Wrong combination of irritant foods and insufficient mastication.	Irritation, indigestion and constipation.
Fermentation, irritation, indigestion and constipation.	Perversions, deficient anabolism, enervation, diminished catabolism and organic condition of the circulatory system.
Deficient anabolism, enervation, diminished catabolism and organic condition of the circulatory system.	Exciting causes or symptoms as injury, dead cells, irritation and obstructed circulation.

With cancer present, the treatment and cure depend on the repairable degree of the perversions.

DISCUSSION.

DR. T. D. ADLERMAN: Before I commence my paper I would like to say in regard to Dr. Woodward's paper, that within the last six months there have been some very interesting experiments in one of the German hospitals in Vienna in regard to the use of sodium chloride in nervous diseases, and they find that in such cases as hysteria major when the sodium chloride is entirely withdrawn, these attacks subside, and when it is increased they reappear in a very strong form. The same is true in cases of epilepsy minor. I simply mention this because it may be of interest.

THE SURGICAL RESULTS OF SEXUAL IGNORANCE.

RICHARD JAY LAMBERT, M.D., ST. CHARLES, ILL.

In the realm of surgery we have been too much inclined to discuss the operative treatment entirely, while we have not given sufficient attention to the prophylactic. Of course, some may say that this belongs more particularly to the departments of hygiene and sanitation, but we cannot make so strict a division between the two. If we ignore the prevention of operations we are not doing our full duty as surgeons. We are placing ourselves in the ranks of mechanics, of carpenters and machinists, who are skilled workmen but not professional men.

A large percentage of the operations performed by the general surgeon who is not a specialist in one little line of surgery come more strictly under the head of operative gynecology. Aside from appendicitis, I would venture to say that the majority of operations performed by you surgeons are upon the female generative organs. It has been estimated that 80 per cent. of these operations are due to one specific cause. Where would our operations be if that cause were eliminated? If we are only mechanics, of course we do not want that cause removed, as it would deprive us of a large portion of our business; but if we are honest surgeons, who have the welfare of humanity at heart, we must consider this one great destructive agent and the measures for its elimination. Practically every case of salpingitis is due to gonorrhea. Nearly every tube, ovary or uterus that has been removed was diseased as a result of gonorrhea with the exception of those removed on account of carcinoma. Forty per cent. of the childless homes are due to gonorrhea. A large percentage of the divorce cases and unnecessary medical treatment of women is due to the same cause.

We, as physicians and surgeons, are anxious to tell of our latest success in the treatment of disease. We are anxious to tell of the latest method of unsexing women and rendering them absolutely sterile. The majority of papers read here to-day are in regard to the curative treatment of disease, but the preventive treatment is given little consideration except from a few standpoints, as exercise, diet and such. We have not considered the important factor—sex life—as it should be considered. To be true physicians and surgeons, we must consider every factor in the prevention of disease and its attending operations. If we are in the profession simply

for the money returns, we had better get out, for there are many much better occupations from a financial point of view.

Dr. J. G. Tompkins, of San Francisco, Cal., stated before a meeting of this society in 1908 that 90 per cent. of his office practice for seventeen years was due to the results of gonorrheal infection. He said: "Get wise, boys, be a woman's doctor, and you'll corral the whole blooming family." But there will not be much of a blooming family to treat if we keep on with our same old false modesty that prevents us from giving disease its real name and cause. It is estimated that 80 per cent. of the men and nearly that percentage of the married women in the world have contracted gonorrhea. As a result, 40 per cent. of these women are sterile, and 25 per cent. of the men are in the same unhappy condition. Where are the families coming from for us to treat if this keeps up? Gonorrhea is one of the greatest factors in race suicide.

The majority of men who have contracted gonorrhea did so before they were twenty years of age, before they had any conception of the awful results in store. The majority of married women who have contracted gonorrhea did so from their husbands, who thought they were cured, because some quack or corner druggist had helped them to dry up the discharge.

A few months ago a charming girl of eighteen was married to a man a few years older. In a few weeks she came to me complaining of a profuse vaginal discharge, pain on urination and a constant backache. Examination resulted in a diagnosis of gonorrhea, with the tubes already involved. The husband denied any possibility of her having received the infection from him, but, upon close questioning, he admitted that two years previously he thought he had a slight dose. He followed the advice of one of his friends, who had been similarly afflicted, with the result that the discharge was dried up in a few days. He felt no further symptoms and so had almost decided he was mistaken in thinking he had really contracted the disease. Now this young bride's health is ruined. She probably will be sterile, and may have to submit to the mutilation of her body by an operation to save her life. What difference does it make to her what method is used to remove her organs?

This case is only one of the many who seek the family physicians and surgeons every day. These are the cases that should have been prevented, and the only way to prevent them is by education of the coming generation so that they will not fall into grievous ways because of ignorance. For too many years, men have considered gonorrhea no worse than a bad cold, that all men must endure some time. It is only during very recent years that even physicians have realized the frightful sequences. As yet, the laity has not been educated in this line. It is incumbent upon us as honorable physicians and surgeons to do all in our power to disseminate this knowledge broadcast.

Last year this association passed a resolution, introduced by Dr. Holton, of Whittier, Cal., which was as follows:

"Whereas, The widespread and increasing prevalence of venereal diseases is a cause of a large part of surgical operations, disease, race degeneracy, social disorder and premature death, and

"Whereas, The masses of the people are ignorant of these facts, and therefore not ready for radical measures for their prevention,

"*Resolved,* By the National Eclectic Medical Association, assembled at Louisville, Ky., June 20-24, 1911, that it is the sense of this association that the medical profession at large should unite in a systematic plan to promulgate among all classes a knowledge of the widespread prevalence, nature and calamitous effects of these diseases."

What have we, individually or collectively, done to carry out this resolution? I have been looking over reports of papers read before this society for the last five years, and find some one or two each year have read papers advocating some action on the part of the association to aid in the prevention of venereal diseases, but as a society we have done nothing. It is time we got busy and take some action. We have had resolutions, now it is time for work.

It is a fact that the majority of people are ignorant as to the structure and care of their most important organs. In the schools and colleges, where anatomy and physiology are taught, absolutely nothing is said about the generative organs. Girls and boys are taught all the physiological processes except those concerned in reproduction.

Educators and social workers generally have awakened to the great need of the hour, the need of education on matters closely related to the health and life of the nation. We, as physicians and surgeons, should also be teachers, leaders in this world-wide movement. Many physicians as individuals have taken up this work. Some are even devoting their entire time to it, writing and lecturing to all classes of people. Not much has been done by the physicians as a body except to pass resolutions.

At the last meeting of the Illinois Homeopathic Association funds were appropriated for the maintenance of a lecture bureau for the purpose of presenting a course of lectures on eugenics, sanitation, medical education and legislation in every county of the State. The principal work being to arouse public sentiment in favor of medical control of marriage licenses.

We, Eclectics, have been termed old fogies, behind-date, etc. Now is the time to prove that we are not only equal to, but beyond, other schools in this important and world-wide movement. We do not want to wait and crawl in on the tail end. Let us get busy and make some definite move to prevent this prolific cause of so many surgical procedures.

DISCUSSION.

Dr. J. A. Munk (Los Angeles): We often hear the assertion that we heard to-night, of the terrible ravages of gonorrhea on the human family. I have tried to observe this matter for years. I do not pretend to be as modern in laboratory experience as the younger men, but I have tried to give due study to all subjects and at least keep myself informed of what is going on, and I do not believe these statements at all. In the first place, it belongs to that new fad that has come up—that of the germ theory. Every

disease has its origin in a germ. You study hygiene and you have a germ name for nearly every disease imaginable, but when you come to examine your books and find out the process by which this is determined and its action, you scarcely find two authors that will agree on the subject. They are all different, and you do not know who to believe. I think such a charge as that is a slander on human nature. Of course, we do know that germs have their influence, but not to that extent. I would like to cite one or two cases that I think are conclusive to show that these cases are often mistaken. A good many years ago I was called to treat a young girl, a perfect virgin, one of the finest families of our community, for what proved to be pelvic cellulitis with pus discharge. That would be considered a case of gonorrhea, but I know absolutely that it was not a case of gonorrhea, primary, secondary or any other. In my own mind I am absolutely convinced that gonorrhea had nothing to do with it. Constitutional treatment was given and the case was discharged absolutely cured. Some fifteen years after that the girl was married. She had no children. She moved to California, and after a long, hard illness I was called in consultation. I saw it was a return of the old trouble, so an operation was performed, but it was too late, and the woman died. A post mortem revealed the fact of pus sinuses burrowed all through the pelvis, and it was of course past operative measures.

Dr. E. B. Shewman (Cincinnati): I do know that gonorrhea causes a large per cent. of pelvic cases, but I think probably Dr. Lambert has his percentage a little high so far as gonorrheal infection is concerned. Recent statistics show about 76 per cent. It has been said that about one-third of all married women have gonorrhea. We know that a case of gonorrhea may extend over a period of two weeks to as much as five or six months, up to several years, and that 75 per cent. up to 90 per cent. of cases of gonorrhea become posterior urethritis and are very difficult to cure. We are positive to this, so far as gonorrhea is concerned. I would not agree with Dr. Munk in regard to the germ theory. We will find in a large percentage of these cases that the gonococci are extra-cellular which are chronic, and the intra-cellular are more or less acute. We know this is a fixed theory that we can prove.

Dr. B. E. Dawson: I would like to commend the spirit of the paper. I think we have been asleep along this line, and we need to arouse ourselves in behalf of suffering humanity.

Dr. R. J. Lambert: The object of the paper was more to inspire a little interest in sex education of the younger, growing generation as to the dangers of gonorrhea, to get the young men to know what the dangers are and prevent this widespread disease.

So far as the germ theory is concerned, we will not argue with Dr. Munk; we each have our opinion. But he said this woman never had any children, she was sterile, and it must be remembered that gonorrhea is transmissible by other means than coition. The locality has something to do with it; it is more active in one community than another. The Chicago Vice Commission have published a report in regard to their investigations in this line, and it contains a good deal of information. Of course, some of us practice among different social classes, and we may find more in one place than another.

The object of the paper was simply that we may get after the young men and induce continence until they are married; show them the dangerous results. It is the young men we want to reach; instruct them so they may avoid this dangerous disease.

THE CARE OF THE BREASTS.

D. De Will Moncrief, M.D., Shelbyville, Tenn.

During the last three months of pregnancy, attention should be devoted to the condition of the breasts, particularly to the nipples. This is especially true in the case of primiparæ, as by the proper preliminary treatment, nursing may be rendered very much easier, and the danger of other complications, such as fissures, with the consequent danger of mammary infection, be reduced to a minimum.

In my preliminary treatment, my invariable rule with my primipara cases is to have prepared for them a saturated solution of sodium borate, in 40 to 50 per cent. alcohol, with directions to bathe the nipples night and morning. This tends to make the skin more resistant, and less liable to fissure. In cases where the nipples are small or somewhat retracted, it is always advisable when bathing them night and morning, to make a few tractions upon them. In some cases, good results may be obtained by having the patient wear a wooden nipple-shield for a few hours each day. In cases where the nipples are so very deeply retracted, it seems impossible to render them of service.

If proper preliminary treatment be enforced, the after-delivery treatment will be very simple. Before and after each feeding, the nipples should be thoroughly bathed with a solution of boric acid to prevent any possible bacterial infection during the nursing. The baby's mouth should also be thoroughly cleansed before each feeding. This can best be accomplished by washing it out with a piece of clean, soft linen dipped in a boric acid solution. The baby should be nursed at regular intervals. The first day or two, before the secretion of milk is established, the baby should be put to the breast at intervals of three or four hours. After the secretion of milk becomes well established, it will be necessary for the mother to nurse the baby at intervals of from two to three hours.

In case of an attack of acute mastitis with suppression of milk, the trouble can usually be very readily corrected by the administration of specific pilocarpus gtt. v every three or four hours, well diluted. If the attack be accompanied by a very appreciable rise in temperature, the above prescription should be alternated every two hours with the following: Specific aconite gtt. v, potassium acetate ℥iv, q. s. ad. ℥v, dose teaspoonful. . This should be accompanied by a local application of ammonium muriate ℥i to quart of hot water applied to breasts, by means of cloths, as hot as can be borne.

In case of the death of a baby, or if for any reason lactation is contraindicated, steps should be taken immediately to check lactation, or in the parlance of the laity, "to dry up the breasts." Many methods of accomplishing this have been used with different degrees of success. The general consensus of opinion of the best thinkers among the latter-day practitioners, is, that *by far* the most satisfactory method of handling these cases, is to leave them absolutely alone. After twelve to twenty-four hours the breasts

will become considerably engorged, and at times quite painful. But if left absolutely alone, the swelling and pain will gradually subside, and the breasts will contain less and less milk, so that the entire process will be over in two or three days. If pain and swelling becomes too severe, a gentle massage with camphorated oil, properly given, will often afford relief. The object of the massage is to empty the greatly distended lymph-vessels and veins, and to accomplish that purpose the massage should be directed from the near-apex circumference of the breasts towards the axillæ. In cases where the patient is extremely nervous, it may be necessary to give a single hypodermic injection of morphine, but further medication is seldom necessary. The old method of tightly bandaging the breasts, with the frequent use of the breast pump, really stimulates the secretion of milk, and defeats the very purpose for which it is used.

During the first few days or weeks of lactation, if, in spite of the baby's nursing at regular intervals of two or three hours, the breasts should become congested and the weight cause discomfort, they should be supported by a properly applied bandage, which will not compress the breasts, but simply hold them up on the chest wall.

AN UNUSUAL CASE OF ABNORMAL MENSTRUATION.

V. A. Baker, M.D., Adrian, Mich.

The case I allude to, and will briefly narrate, commenced menstrual life at the age of fifteen, and once in three months thereafter, and with nothing unusual as to symptoms. She was a pronounced blonde, intelligent beyond her years; of medium size and healthy, with no disturbance of the digestive organs; in fact, she was the picture of health.

The case came under my observation at the age of eighteen. She had then menstruated twelve times. She was engaged to marry, and her mother very considerately consulted me, fearing it might be out of the ordinary and lead to trouble later.

I have always made it a rule when consulted regarding irregularities of the menstrual periods to advise resigning the case to nature when general health is unimpaired. I said to the mother, regarding this case, that to avoid the possibility of anything of the kind, to advise the suitor of the condition of affairs, which made no difference to him.

The condition of this young lady was as follows: At fifteen years of age she menstruated and without pain. She went three months and again menstruated, and has continued to do so up to the present, never having suffered pain at such times; never having any of the so-called female weaknesses, urinary troubles, etc. She is now fifty years of age, had no family except herself and husband, her father having died when she was a babe and her mother having lost her life in the San Francisco earthquake. So far as can be ascertained, the near relatives of this lady offered no un-

usuals, and hence I set the case down as a freak of nature. I have never been able to get any recorded case similar.

I have, however, an old time case which in some respects is similar, although this case I am about to describe *never* menstruated, enjoyed good health from girlhood to maturity; married quite young and is the mother of several children and quite a remarkable feature of the case is, when labor commences, with one exception, it terminated so suddenly that the services of an accoucheur are not needed, she only keeping her bed a short time when she resumed her household duties as though nothing had happened out of the usual.

The one exception alluded to was in this wise: she was taken very suddenly with severe pain preceding the birth of her fourth child. She was very sick for several hours, pain alternating, when apparently the last stage of labor set in, the pain was constant and intense; finally she became unconscious, labor continuing, when of a sudden a girl came into the world, consciousness returned and the whole affair terminated, a slight saneous fluid kept up for a few hours.

The woman has had three children since, labor painless as was the birth of her first three children.

I give these cases, just related, not because I think I have added anything specially beneficial, merely handling them as I found them, and believe they will list under the head of rare and special cases and as such I submit them.

"LIFE:" ITS CREATION AND MAINTENANCE.

PART III.

By Max Meyer, M.D., New York City.

In my former papers on this subject I have tried to demonstrate that ontogeny does not assume one, but two cihculations, viz., a paternal and a maternal.

The microscope teaches and by injecting we learn, although a blood circulation exists, that we are unable to demonstrate where and when the arterial capillaries begin and the venous end. The microscope, microtome, staining and injecting fluids fail to guide us here, and especially our views on the histology of the nerves are very limited, to which the prevailing doctrine of nerve-endings, the comparison of the nerves with the muscles and the ignoring of the importance of the spermatic fluid must be counted.

This matter has been studied by me in a different way, and in the following I wish to lay before you the proofs of the existence of a nerve circulation by

1. Analogy.
2. Physiological experiment.
3. Anatomic—mathematical deduction.
4. Demonstrating physiologic and pathologic phenomena.

I.—ANALOGY.

BLOOD CIRCULATION.	NERVE CIRCULATION.
1. Every organ has its blood-vessels.	1. Every organ has its nerves.
2. From a center (heart) a large tube exits, which does not contain anything to inhibit the motion of its content. This tube (aorta) becomes gradually smaller and forms finally capillaries. Their walls are of such a construction that they strengthen the impulse of the motor heart force.	2. From the brain a large cord (spinal cord) and different smaller cords (brain nerves) composed of numerous fine fibers exist which become still finer towards the periphery (centrifugal). These fibers are of minute thickness and in their center an occlusion (axis cylinder) is found. These fibrillar nerves return again to the brain (centripetal).
3. The heart does not stand in direct communication with the body, but by a medium (aorta), which lays alongside of the vertebral column.	3. The brain does not stand in direct communication with the body, but indirectly through the spinal cord, which is enclosed in the vertebral column.
4. The blood-vessels enter the organs and spread out into microscopic small branches (capillaries). Their contents are moved by a strong motor (heart), which conveys the fluid throughout the whole body within a few seconds.	4. The nerves spread out into microscopic small branches (filaments) within the organs. Their contents are moved indirectly by the heart.
5. The size of the blood-vessels is not dependent upon the size of the supplied organ, but upon the work necessary. For instance, the blood-vessels of the bones are proportionately smaller than those of the muscles.	5. The size of the nerves is not dependent upon the supplied organ, but upon the work necessary. (For instance, the nerves of the glutei muscles are in proportion smaller than those of the eye muscles.)
6. Dividing or ligating a blood-vessel causes the cessation of nourishment and this interruption of the circulation is constant, hence the organ passes into the state of "acute gangrene."	6. Dividing or ligating a nerve causes immediate paralysis or functional disturbance. If this interruption is constant the organ passes into the state of "chronic gangrene."
7. After the division of a blood-vessel a collateral circulation is generally formed which restores the power of assimilation.	7. After the division of a nerve a collateral circulation is generally formed which restores the functions and eliminates atrophy. (For instance, after resection of the supra- and infra-orbital nerves.)
8. The arterial (centrifugal) blood-vessels are running into the depth of the tissues; the veins (centripetal) on the surface of the organs.	8. The centrifugal (motor) nerves are situated in the center, the centripetal (sensitive) nerves on the surface of the organs.
9. Wherever skin or mucous membrane is injured, blood will appear and this demonstrates the presence of blood-vessels in every part of the body.	9. Wherever skin or mucous membrane is injured we notice either pain or sensation of touch, hence a spot without nerves does not exist on the whole body.
10. The blood-vessels contain a fluid (cells and plasma-blood-plasma).	10. The nerves contain a fluid (nerve plasma).
11. The veins have valves to prevent the reflux of the blood.	11. The centripetal nerves have valves (Ranvier's nodes) to prevent the reflux of the nerve plasma.
12. The blood is propelled by the heart's action.	12. The nerve plasma is propelled by the action of the heart, viz., each systole produces a filling-up of the blood-vessels of the brain, which causes a systolic pressure (positive) upon the brain matter, forcing it to retract, and in doing so it can only act upon the peripheral nerves. On the other hand, during diastole an opposite pressure (negative) takes place, which causes the nerve plasma to enter the cerebro-spinal tissues.
13. The velocity of the blood circulation in completing the cycle is about twenty-five seconds.	13. The velocity of the nerve circulation in completing the cycle is about twelve months.
14. By the blood plasma a rapid or acute assimilation is produced.	14. By the nerve plasma a slow or chronic assimilation is produced.

15. The microscope does not give any information about arterial or venous capillaries, because the chemical reagents employed in staining and hardening alter the structures, and what remains is mutilated by the microtome, hence blood circulation can only be proven by experiments.

16. The blood circulation carries the nourishing material to the cells nearly in the same minute in which it is absorbed.

17. If we ligate the blood-vessels of an organ we prevent acute assimilation, and the cells must die at once acute.

15. The microscope does not give any information about nerve filaments because the chemical reagents, employed in staining and hardening, alter the structures and what remains is mutilated by the microtome, hence nerve circulation can only be proven by experiments.

16. The nerve circulation carries the nourishing material to the cells after months only.

17. If we ligate the nerves of an organ we prevent chronic assimiliation and the organ dies chronic, *i.e.*, atrophy sets in after months or years.

II.—PHYSIOLOGICAL EXPERIMENT.

Let us analyze, for example, the symptoms of acute (croupous) pneumonia. In regard to the sensitive nerves, we meet herewith puzzling difficulties. Let us suppose a healthy person catches a cold, and in consequence is seized with severe chills. The bacteriologist says the diplococcus pneumonia is the cause and the physician diagnoses the case as acute pneumonitis. We naturally suspect that the patient would complain of pains in the lungs, but instead he feels only pains in the pleura, and at the same time begins to cough. Now let us look upon a person suffering of phthisis pulmonalis. This patient has no pains at all in the lungs, although a constant suppuration is going on in that organ, but we find instead he is annoyed by persistent coughing. When we compare these two conditions we will be astonished to notice that the inflamed but otherwise healthy lung of the first case has no pains, but, instead, the pleura. In the second case, in which the lungs are gradually destroyed by suppuration, pain is entirely absent. Formerly this was explained by the supposition that the lungs should be devoid of nerves, and consequently no pains could be perceived; but this reasoning must be wrong, because we find in post-mortem examinations that the pleura appears smooth, moist and glistening, and without any sign of inflammation—hence perfectly normal—whereas, in the phthisical condition just the reverse, viz., the pleura is enormously thickened.

Is it not strange to find in the first case pains in the pleura, which is, as we have seen, normal; but in the second case, which shows a diseased pleura, no pains at all? In order to clear up this apparently illogical condition, let us carefully dissect the lungs. We find:

1. Each lobe of the lung is not an anatomical unit, but composed of thousands of small and loosely connected lobules, which range from the size of a pea to a bean.

2. The pleura is also not an anatomical unit, but consists of three well defined layers, viz., (*a*) Pleura superficialis: (*b*) pleura nervorum communis, which is the investment at base of the lobules; (*c*) pleura propria, which is the direct investment of the small lobules and a very thin membrane inclosing the apex of the lobules only.

3. Into each lobule the following structures enter from the center towards the periphery: (*a*) A branch of the arteria pulmonalis; (*b*) a bronchiolus,

composed of connective tissue and cartilage; (*c*) a branch of the nervus bronchialis, situated upon the bronchiolus, which can be traced nearly to the pleura propria; (*d*) a small branch of the bronchial artery, which lays upon the nervus bronchialis; (*e*) a branch of the vena pulmonalis; (f) a small nerve branch, laying upon the pleura propria and going to the pleura nervorum communis, the former always situated at the base of the respiratory margin.

This shows that the lung is a gland composed of small grape-like lobules, possessing distinctly two kinds of nerves and approaching each other at the surface near the base.

If the respiratory tract is affected from the trachea downwards by an inflammation, two sequences are possible, viz., either the disease injures the bronchi and in consequence bronchitis sets in, or it affects the alveoli of the lungs and then causes pneumonia.

We know that an inflammation produces pain in an affected organ, but here we see that not alone pain is produced, but cough also, and this proves evidently that the inflammatory material has affected two different sets of nerves, one which produces pains, and the other which causes coughing. The cough took its course through the trachea, while the pains were noticed in the pleura, hence such nerves must be affected of which one set passes through the trachea and the other one through the pleura before the impetus is conveyed to the brain. This shows, then, that the nerves which pass through the pleura nervorum communis are of a sensatory nature, hence produce pains; whereas, those nerves which go through the mucous membrane of the bronchi irritate only, hence produce coughing.

From the foregoing, then, we find that the symptoms of acute pneumonia can only appear if the alveolar nerve forms an indivisible unit with the pleura-nerves, which lay in close contact with the former, but if this contact is interrupted, as, for instance, in the suppurative stage of phthisis pulmonalis, the pains are absent and only coughing is in evidence. With other words, pain and cough are present in phthisical persons as long as the nerves of the pleura nervorum communis are not separated from the alveolar nerves, but should this occur, as in suppuration, the pains disappear and the cough only remains. This fact, then, furnishes the proof of the continuation of the inner lung-nerves (alveolar) with the pleura-nerves, *i.e.*, a circulation exists in the peripheral nerves. Acute pneumonia demonstrates the positive, phthisical inflammation the negative (control) part of our assertion.

STRICTURE OF THE RECTUM

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Stricture of the rectum is a contraction of the lumen of the gut, the constricting medium generally being of a fibrous nature. The morbid state is usually situated two or three inches above the anus, and may be from one-half to three or more inches in extent. The narrowing of the bowel may

be congenital, but, as a rule, it is acquired; if the former, it is due to some faulty development, and is either complete or partial, both existing conditions being of especial advantage to the little patient, inasmuch as the complete form will demand immediate surgical interference to save the life of the child, while the latter may exist for years without endangering life or existence of the morbid condition even being detected.

The acquired form may be due to any one of several causes, viz., ulcers, appearing upon the mucous membrane, destroying more or less of tissue, sulting in stricture; tumors, springing from adjacent tissue, encroaching upon the bowel; and traumatism from accidental and operation causes, resulting in loss of tissue and cicatricial contraction of the part involved in the injury; and last, but not least, spasm may be mentioned as an occasional cause of the unnatural state. When the morbid state exists from this cause, it is generally associated with some other diseased condition of the gut, such as fissures, ulcers, and hemorrhoids, these proving initial points from which irritation of the numerous branches of the sympathetic nervous system emanate, and is transmitted to the muscular structures of the rectum. As an aid in the diagnosis of spasm of the rectum, an attempt should be made by the surgeon to introduce the finger into the depths of the gut after anointing it well, without first administering a general anesthetic, and again after the patient is placed fully under the narcotic agent. In this state of relaxation the spasm will entirely disappear, if the former course proves its presence.

Pelvic cellulitis is in some cases a provoking cause of stricture; if so, it is caused by pressure around the rectal pouch of inflammatory exudate. Cancerous growths are also common causes of the abnormal condition, which sooner or later eventuates in complete occlusion. Rectal strictures not infrequently follows severe attacks of dysentery, tubercular and syphilitic ulcerations and morbid conditions following unnatural intercourse, which amounts to a proctitis not easily controlled, but will surely result in a narrowing of the rectal pouch.

The common symptoms incident to rectal stricture may be summed up under two heads—those due to mechanical obstruction and those due to ulceration. In the former there are signs or symptoms of the provoking cause before the obstruction really takes place. These will vary in accordance with the nature of the case, while in the latter case, ulceration, there is likely to be experienced rectal and pelvic pain, which is exaggerated during bowel movement, if the sphincter is involved, and is attended with more or less discharge of bloody mucus, which is often mixed with pus. The pain is usually of a dull, nagging character, that irritates and provokes such marked contraction of the sphincter ani muscles that defecation becomes quite difficult in some cases. In addition to the above symptoms enumerated, several cases will complain of shooting pains in the back, loins, scrotum and down the thighs, and in long-contniued cases there is more or less vesical disturbance and loss of sexual power.

If the ulceration is limited in extent the presence of pus streaked with

blood will only be observed during fecal movements. If it is extensive the purulent fluid will collect in such quantities as to fill up the rectum and provoke an evacuation independent of fecal matter. Especially is this apt to be a feature of such cases over night, the evacuation taking place the first thing on arising in the morning. The escaping blood is not active as a rule, but is dark in color due to its admixture with the acid contents of the bowel fluids. Two, three or more such evacuations may take place within the early morning hours, the last being mixed with a greater or less amount of fecal matter. As week after week passes with little or no improvement in evidence, the patient becomes physically weak from distress and loss of appetite and sleep. The constant nagging of the sympathetic nervous system is sufficient to cause the patient to be nervous, fretful and renders him absolutely unfit for the transaction of any form of business.

In cases of progressive stricture of the rectum the bowel immediately above the contracted portion becomes gradually dilated, a condition caused by constant straining at stool. For a time small portions of feces may be forced away at each effort at stool, and later the report will be made that rectal injections are necessary to aid any kind of a bowel movement, and, of course, these will fail also where the case goes on to complete occlusion. Surgeons who have had opportunities to treat chronic obstruction of the rectal pouch, know well the changes that take place in the wall of the gut above the contracted part, besides the marked dilatation always present; the wall of the intestine soon becomes very thin and weakened, a condition contraindicating the administration of active cathartics. Acute obstruction may take place suddenly in cases of long-standing narrowing of the rectum, which may be due to abscess formation in adjacent tissue impinging upon the gut, or acute swelling, the result of traumatism.

It has been the observation of the writer that, as a rule, complete obstruction is only liable to occur when the stricture is high in the bowel, and then the morbid state frequently takes place without any premonitory symptoms that would excite the anxiety of the patient. When the stricture is low down near the anus, it is surprising to note how many years the patient will endure the abnormal state, even when the gut is nearly closed. This condition is explained by the fact that when the stricture is high in the rectum the movable portion of the gut is notably affected by the peristaltic force exerted by the bowel in efforts at defecation, the bowel doubling markedly upon itself, increasing the obstruction by adding this flexure to it. While, on the other hand, the lower end of the gut is more firmly held by ligaments and bony points, aiding the expulsive force to bear in a more direct line with the anal orifice, forcing the feces through the constricted portion in ribbon-like masses as long as the least opening remains; this, in a measure, explains the tape-like stools so often observed in stricture, and, if constant, is a marked diagnostic symptom; and, as before remarked, they are only seen when the disease is situated near the anus, and is only noted in *one other* morbid condition of the lower bowel, and that is a spasmodic

state of the sphincter muscle caused by marginal fissures, ulcers or a marked hyperesthetic state of the surrounding integument caused in many cases of eczema.

It is well understood that this morbid condition will prove fatal in course of time, whether the disease be benign or malignant, unless relieved by surgical measures, and this does not always prove successful by any means, from the fact that many cases are not seen by the surgeon until the vitality of the patient is at low ebb, and owing to the constant nagging of the disease other vital organs give way under the constant nervous strain, especially the kidneys, and in cases due to cancer adjacent organs soon become complicated and break down under the devitalizing disease.

Diagnosis.—To determine the presence of a rectal stricture, the surgeon has only to anoint the index finger and insert it within the rectum, and if not too high up in the bowel its existence will not only be determined, but the nature of the bowel structure and to a great extent the degree of the narrowing of the gut can be ascertained. There are two other methods or means of determining the presence of stricture when it is situated higher in the bowel, in the sigmoid flexure, the common seat of cancerous disease—the use of graduated rectal bougies, and, when this fails, the exploratory abdominal incision. Unfortunately, the former often fails to locate the disease and the latter is more often declined, and hence the patient succumbs within a short time to the ravages of the disease. Of course, the appearance of blood-streaked mucus during defecation, the tenesmus at stool, pain and distress in the rectum and the enlarged lymphatic glands in the groin and hollow of the sacrum are all characteristic symptoms of the disease, and their worth should be taken into consideration in forming a diagnosis. Then the history of the case is of value in determining the nature and form of the disease. A cancerous growth usually runs its course in from two to three years. Now, if the patient says that he has suffered from rectal trouble for five, ten or even fifteen years, the principal symptom of which has been difficult defecation, and this feature of the trouble growing progressively worse, it is quite safe to tell him that he has a stricture, but not of a malignant type.

If the cancerous growth is within sight through the aid of the speculum and within reach of the finger, a mass will be noted that is hard, nodular in form, irregular and never pedunculated. This mass, of course, involves the wall of the gut, and even goes outside of it, converting much of the adjacent tissue into its kind.

Not infrequently the process of ulceration commences at some portion of the growth, and if this involves blood-vessels of any importance more or less hemorrhage complicates the disease. Sometimes the disease appears as a fungous mass, and may be located so near the anus that the great tenesmus provoked at each effort at defecation will cause it to extrude from the anal outlet. It may be somewhat difficult in some cases to determine by the appearance of the morbid mass, or even the sense of touch, if it can be palpated, whether or not the morbid structure is benign or malignant. In such

cases the surgeon should bring to his aid an examination of a section of the morbid tissue; such an examination will decide the case without doubt. Quite often the dense fibrous tissue composing the stricture resulting from extensive ulceration caused by dysentery or venereal infection will simulate malignancy, but the clinical history and the microscope will settle the doubtful question.

Before passing to the treatment it will not be out of place to note the fact that stricture of the rectum often follows tubercular disease of the lower bowel, also operations for hemorrhoids where much tissue is sacrificed. Cases of stricture occurring as a result of unnatural sexual intercourse are not common, but are met with among the lower classes. Whether the morbid state is the result of chronic inflammation or infection, or both, is always difficult to decide.

Treatment.—Great advances have been made in the treatment of rectal diseases of late years, especially in the cure of malformation and stricture by operative methods. Morbid cases that were thought to be incurable and were merely made comfortable by medicinal means until they died, can now, through modern surgical aid, be relieved and made comfortable for life.

In non-malignant stricture, if detected early, or before the lumen of the rectal pouch is seriously contracted, some benefit may be realized from the judicious administration of medicinal agents taken internally and topically applied, and adopting such hygienic measures as will meet the requirements of each individual case. We would think of giving internally such remedies as will overcome constipation, and in this connection such medicinal agents as phosphate of soda, a drop of nux in a glass of cold water on arising in the morning, small but frequent doses of sulphur or cascara, the podophyllin and hydrastis pill, or olive oil may be mentioned. The action of these agents may be aided in obstinate cases of constipation by the use of enemas of warm water in which a little glycerine and a few drops of turpentine are added, or, if preferred, olive oil may be used instead. The quantity of fluid injected should be large and should be administered through a large-sized catheter, inserted, if possible, above the stricture. When the injected fluid is expelled the bowel is thoroughly freed of all fecal matter, giving great relief to the patient for a considerable period of time.

As topical applications to ulcerated or traumatic surfaces following operative measures, no medicinal agents seem to produce better results than does the non-alcoholic solution of thuja or the alkaline mixture composed of salicyclic acid and borax made with water or glycerine, administered in such strengths as the individual case requires. These agents may be used to advantage during the time that a non-malignant stricture is being overcome by gradual dilation with graduated rectal bougies, and even after it has been divided by incision.

An occasional dose of heroin or morphine given hypodermically at night, and at other times when the patient is in great pain, should be allowed. In malignant cases that are passed the possibility of a cure, the ad-

ministration of these agents should be directed by the surgeon, the patient seldom, if ever, being allowed to use the needle at will; otherwise he will likely form a craving for the drug and will make such constant use of it that its anodyne effect will be lost long before the end of the disease has been reached.

Enfeebled conditions of the body will require peptics and tonics to stimulate an appetite and aid digestion. The food should consist of rich broths, soup, eggs, custard, meat jelly, and the juices of fruit. Heavier articles of diet should be partaken of sparingly.

In these cases, as well as many others in surgery serious in character, it often requires a higher order of professional attainments to know just when to operate than to execute the work. At the outset it will be necessary to determine the character of the stricture; if non-malignant and not complete, much relief may be expected from the use of graduated rectal bougies. Some care is necessary in the use of these instruments that a rupture of the constricted portion does not result, eventuating in septic peritonitis, that usually terminates fatally. The dilation may be done at one sitting, if the stricture is within two or three inches of the anal outlet, while the patient is under chloroform anesthesia, using the fingers and rectal specula to execute the work. Gradual divulsion with bougies often requires a long period of time to accomplish permanent benefit, and even then the dilators should be resorted to occasionally to prevent a relapse of the morbid condition. Annular strictures, if within reach and the contracted portion limited to an inch or two, may be incised by making two or three linear incisions, being careful not to cut entirely through the bowel, careful divulsion following with bougies or a rectal speculum fashioned for this purpose. Following the division the rectal pouch should be cleared of blood and fecal matter and then packed with sterile or some form of antiseptic gauze. This will maintain the dilatation and check hemorrhage if any follows the operative work.

When the stricture is situated high in the rectum or in the sigmoid flexure it should be approached through the tissues posterior to the rectum and below the coccyx, or, in other words, a posterior proctotomy should be executed. This operation is especially indicated in malignant cases where, for valid reasons, it is found that a portion of the morbid structure must be removed. This is the operation of choice in malignant cases not otherwise amenable to treatment by other means or methods. Time nor space will not be taken in this paper to give in detail the technic of the operative work. This can be referred to in any of the recent works on operative surgery.

There is one advantage in doing an external or posterior proctotomy over the internal division of the stricture, and that is the better control of hemorrhage, a better view of the dissection necessary to be done, and the open wound affords ample drainage in cases requiring it. Hemorrhage is usually controlled by packing with iodoform or sterile gauze, and the cigarette drain will keep the traumatism free from operative fluids.

Extirpation of the rectum should be executed in malignant cases involving the lower segment of the gut, also benign stricture accompanied by extensive ulceration. This operative procedure was in quite common practice a number of years ago, it was abandoned after a time as unjustifiable, owing to negative results; but owing to our improved surgical technique the operation is followed by a greater degree of success and is now regarded as safe and legitimate. Kraske's method of executing the operation, and the work limited to the morbid state located well below the sigmoid flexure and freely movable, is attended with encouraging success, especially if the work is executed by an operator skilled in the necessary technique. Without mapping out a line of procedure it would seem that this part of the article would be incomplete, hence a brief outline of the successive steps in the operative work will be given.

In this, as in all important operations, the patient should be well prepared for the work. He should be put to bed for a few days previous to the operation for necessary rest and to become accustomed to the enforced quiet that is so much needed following the operative work. The intestinal canal should be well unloaded by giving oil or mild saline purgatives, yet these agents should be given cautiously in cases where the stricture is marked, or, in other words, very tight with fecal impaction. Otherwise the forced purgative action may cause a rupture of the wall of the gut, already thinned by extensive dilation, and in some cases ulceration. It is better not to try and clear out the bowel in cases where the patient gives a history of chronic obstruction with the distressing symptoms usually accompanying the morbid state. The operation had better be done with conditions as they already exist; the outcome would be safer. The patient should be given a general anesthetic and placed in the lithotomy position upon the operating table, the legs being well flexed upon the abdomen, where they are securely held by assistants or the Clover's crutch. It is granted that the technique of the operative work will depend largely upon the extent of the involvement of the rectum in the disease. When the stricture is located within three inches of the anal outlet a complete cylinder of the rectum is generally removed, preserving, if possible, the anus and the sphincters, that a fair control of the alvine discharges may be realized. The anus is next divided from its margin to a point near the diseased portion of the gut, using a blunt-pointed bistoury to execute the work. In removing the diseased area, at least a half-inch of healthy tissue above and below the morbid mass should be sacrificed, the rectum being divided posteriorly to the upper limit; next, with a sharp-pointed scalpel passed along behind the rectum until its point has passed the upper limit of the growth. The intermediate tissue and skin behind the gut is divided by one sweep of the knife. Through the incision the diseased portion of the gut is encircled and removed, using a strong pair of scissors to aid in the work. During the dissection hemorrhage is controlled with hemostats and packing with sterile gauze. While executing this work the fore-finger of the surgeon is utilized as a guide to the portion of bowel re-

quiring removal. The work with the scissors is quickly and boldly done, first on one side of the bowel and then on the other, dividing the attachment of the levator ani muscles as they are reached. Hemorrhage is quite profuse while executing this part of the work, but the boldness of the operator urges him on until the work is accomplished. Some danger is encountered while dissecting the rectum from its attachments to the vagina in front, in the female, of entering the genital canal and wounding the prostate gland in the male. With the rectum separated the dependent portion is seized with the thumb and finger or broad-beaked forceps and pulled down and out the anal orifice a sufficient distance to enable the surgeon to sever the diseased portion a half-inch or more above the diseased area. If the rectum cannot be pulled down readily the cause will be most likely due to some portion of the levator ani muscles not being detached during the dissection, and will need snipping with scissors.

During the dissection and removal of the diseased area no time is lost in picking up and ligating bleeding vessels, unless it be done when making the first dorsal incision; but at the completion of this part of the operation all hemorrhagic points should be secured by ligature, and the oozing of the blood controlled by temporary packing with sponges or gauze. If this be properly done not more than an ounce or two of blood will be lost. After the hemorrhage is controlled the severed end of the rectum is pulled down and sutured to the skin margin with fifteen-day catgut, closing as much of the dorsal incision as the conditions will justify, first making arrangements for drainage where it is necessary. The subsequent treatment will consist of keeping the wound free from post-operative discharges with potent antiseptics and such other measures as the individual case will demand.

With no unusual complications the complete operation should not consume more than thirty minutes of time, which is a marked improvement over the older methods where the dissection was slow, made so particularly by picking up and ligating every vessel as it was severed as the work progressed upward into the pelvis.

The above method has these features to commend it: By making the incision at the left of the sacrum the cavity of the pelvis may be quite easily reached, thus enabling the dissection to be successfully executed; and, besides, the entire rectum may be removed without interference with the sphincters, an object worth considering in connection with this important operation.

THE HEALTH OFFICER.

H. N. Waite, A.M., M.D., Johnson, Vt.

Having been deeply interested in the Eclectic medical profession for many years, it becomes my pleasant duty to speak a few words to you touching but briefly upon some of the duties of the health officer.

Sanitary science and sanitary laws are nearly as old as the world itself.

Greece had its sanitary laws and Rome was noted for its aqueducts and its sewers, for its system of ventilation and baths, as well as for its famous roads. The Mosaic law gives evidence of a knowledge of the science of health, which, in many respects, is worthy of the enlightenment of the dawning years of the twentieth century.

Lord Beaconsfield once said, "The health of the people is the first duty of the statesman." Public health is the element of first importance to the wealth and prosperity of a people. Public opinion throughout our land is fast awakening to the fact that the observance of modern sanitary laws, viewed both from the standpoint of economy and sound morality, is not only profitable, but a public necessity, and to-day every State in the Union engages in the work of saving the lives and promoting the health of its people through the beneficent work of its State board of health.

The laws of sanitary science, when backed by legal enactment and enforced by intelligent health authorities, are capable of preventing the spread of nearly all infectious and contagious diseases. The cholera, which has cost Europe millions upon millions of dollars, and a loss of life and health beyond human computation, can hardly to-day gain a foothold in the United States. Smallpox, that loathsome disease which has decimated continents, is to-day safely controlled by isolation and vaccination. Proper sanitary laws in the hands of faithful and educated sanitary officers are the only safeguard. Furthermore, the law must be supreme and the people must be educated to a wholesome respect and regard for the same.

As regards vaccination, it is not a question of whether individuals believe in it or not; the medical profession knows that it is a truth beyond peradventure of a doubt that of all the advances in sanitary medicine the discovery of vaccination is the most important and valuable. It has accomplished more in relieving suffering and saving lives than any discovery the world has ever known, and the name of Jenner stands first in the long list of benefactors of humanity.

Typhus fever and yellow fever do not to-day strike terror to our hearts, because we know by experience that proper quarantine and modern sanitation will erect an insurmountable barrier to their progress. In this connection, you will permit me to suggest the great desirability of a uniform system of collecting and recording vital statistics throughout the United States.

Modern public health administration is intimately dependent upon reliable mortality statistics, so much so that modern sanitation is often called a child of vital statistics. Statistics are as essential to health authorities as a cash register is to the merchant. Without such we have no measure by which to gauge our responsibilities, our successes or failures. The correct registration of its birth is a valuable inheritance to which every child is entitled, and which is within the power of every parent to bestow upon his child. There is hardly a relation of life, from the cradle to the grave, in which the evidence furnished by an accurate registration of births may not

prove to be of the greatest value—on the matter of descent; in relation of guardians and wards; in the disabilities of minors; in the administration of estates; the settlement of insurance and pensions; the requirements of foreign countries concerning residence, marriage and legacies; in marriage in our own country; in voting; in jury and military service; in the right to practice in the professions and to many public offices; in the enforcement of laws relating to school attendance and child labor, as well as various matters in the criminal code. The birth of every child should be reported.

The subject of tuberculosis is attracting much attention at the present time, both in this country and throughout the civilized world. The prevention of tuberculosis is therefore one of the paramount questions confronting the medical profession, State boards of health and State and national governments at the present time. Isolation, disinfection, destruction of sputum, improved nutrition and an abundance of fresh and pure air, are amongst the agencies which must be employed in limiting the disease. On the other hand, overcrowded, filthy and poorly or non-ventilated habitations and lack of proper nutriment during the formative period of life are among the fruitful causes of the spread of this fatal malady.

School Sanitation.—In the time of the Greeks, the people had specific ideas, the Egyptian life; Hebrew purity; Anglo-Saxon liberty; they studied for art and they adorned their tombs and beautified the interior of their homes with tapestry. Within the lifetime of one man there went from Athens, a city no larger than Washington, over thirty men distinguished in history, renowned for letters, art, and poetry, and if we can so construct our school buildings that the environment about those children will impress upon them the ideas of beauty, so they can see the true, good and beautiful, we are going to produce a better class of citizens than previously existed. Some of you sitting here know of the old-time school house; windows broken, the panels of the doors kicked out, the walls marked and dirty, the desks carved year after year, and the seats so hard and ill-fitting that they were more conducive to rheumatism and spinal troubles than to comfort. It was impossible to heat the buildings properly. You would go through all the degrees of temperature from the torrid to the frigid in passing through the school room. Through the State board of health there are higher and better ideas being inaugurated for the comfort of the school children. Boys and girls come to school from various homes. Some of them are properly fed; some of them underfed; some of them properly clothed; some of them poorly clothed; and some of them so uncared for that they are filthy. These are some of the conditions which the health officer and teacher must meet.

Horace Mann says: "At college I was taught the motion of the heavenly bodies, as if their keeping in their orbits depended upon my knowing them, while I was in profound ignorance of the laws of health of my own body. The rest of my life was in consequence one long battle of exhausted energies." In a sound body alone can a sound mind exist. If a law, at least

the law of health, demand cleanliness about the home, how much more imperative these sanitary regulations about the school home, where the immortal mind to be trained must dwell and draw its nourishment from the body five hours each day and five days each week. "Cleanliness is next to godliness," and mental growth is best attained when the atmosphere is charged with vital purity.

We all know that a wound or injury may result in disease or death. This we call a mechanical cause. We also know that if a man drinks carbolic acid, or a woman has vitriol thrown in her face by a jealous rival, there will be some little disturbance in health. This is a chemical cause. If one is struck by lightning or accidentally touches an electric wire, he is very apt to know that something has happened, or at least his friends will. This is an electrical cause. Probably the most prolific conveyer of disease during a part of the year is the house fly. Flies are filthy insects. They drink from the cesspools and dine in the privy vaults. They eat the sputum on the sidewalk and revel in the garbage pail. They swarm on the baby's diaper and are greedy for the dressing from a discharging wound. Perhaps you think it is disgusting to hear about such things, and so it is, but is it not more disgusting to have these same flies, after their repast of filth, drown in the milk pitcher, drop their speck on frosted cake, or clean their feet on the bread? Is it pleasant to see the flies that very likely have just come from a neighboring privy crawl over the lips of the sleeping baby, or gather on the nipple of its nursing bottle? Suppose the fly that was fished out of the milk pitcher had just been eating the excrement of a typhoid fever patient; would you like to drink the milk? Perhaps the flies that were walking on the fruit which you purchased at the street corner had just been feeding on the sputum of a consumptive. Does it not seem likely that flies may spread disease? That is what many physicians and health officers think. Perhaps hereafter you will screen the house and protect the food from flies. The young of flies are maggots. They seem to prefer to breed in stable manure, but they also breed in excrement of all kinds, in garbage, and in all sorts of wet and filthy refuse. Do you want to raise these filthy insects, these germ carriers, these indicators of untidiness, to be a pest in your own house and perhaps carry disease to your neighbor? Of course you do not. Then keep the stable manure closely covered and have it removed often, once a week in summer if possible; keep the back yards and alley clean; allow no refuse to accumulate anywhere; connect with the sewer, if there is one in the street; fix the privy so it will be fly-proof. After your own premises are in order, talk the matter over with your neighbors and get them to do likewise.

So what are we to do with the health officer himself that he may possess an acknowledged place among the learned. Three phases should be considered before we pass to the two subsequent, comprised in the words "duties," in all five subdivisions of our subject.

1. The health officer himself.

2. His progressive education.

3. His training to meet emergencies.

1. The health officer himself. The popular opinion that almost anybody is competent to hold the office of health officer is known to be a fallacy by the medical profession, but are the doctors prepared to say that not every physician is fitted for the office? At one time prominent journalists held that the best educated editor was the one who came up through the printing office to the sanctum. Horace Greeley was the example quoted for our benefit in those days.

2. This leads us logically to consider the education essential. It being conceded that the characteristics of the individual are normal. He must know the law which regulates his office and that governs himself as well as those with whom he deals. He must know a good deal about the nature of diseases and the practice of medicine along the special lines presented to him by the responsible office which he holds. He ought to be more than an ordinary student of physics, not the kind taught by generalization in schools, but the kind used by civil engineers, chemists, mechanics, and even superintendents of hospitals and creameries. He should be a good judge of human nature in diversified aspects, including that of the "father confessor." Many times in these respects, equipped as lawyer, doctor, civil engineer, student in the laboratory of hygiene, plumber, milkman, farmer and clergyman, the health officer's active duties demand skilled knowledge along all these lines. Where is the man to be found who is in possession of these essential qualifications. Do we raise the standard so high that this statement seems prohibitive? Every physician within the sound of my voice knows by experience that my word is true. One and another of us have each acted in several or all of the capacities named.

The success of this official experience proves that no one, be he high or low, rich or poor, learned or illiterate, but will respond to sympathy. It makes all the difference in the world whether the health officer presents the mailed fist of an officer of the law, or that of a neighbor and fellow citizen; whether he approaches the family afflicted in the spirit of one who desires to help them out of trouble, or as a dictator of conduct. A dictator the health officer certainly is, both by the statute and the common law, but the assumption should ever be before the official that his neighbor is in trouble and that primarily he is there to assist him. The necessary quarantine (of itself) will become more effective and more harmonious for both. While all cases of quarantine should follow the strict rule (likewise all questions of nuisance), yet it should be emphasized that health regulations stand upon the same foundation as do other police matters of good wholesome government, not because the statute says *shall,* but because it is business to conserve the safety of the public, identical with the fundamental principle why taxes are and must be levied for the support of said government. This attitude appeals forcibly to all sensible people.

A kindly word to those who furnish absent treatment. We are always

reminded in this connection of the old story of the haunted darky cabin down South, "befo' de war." Do you remember it?

Brudder Jones had preached on the circuit for more than fifteen years and rode a mule, aged about twenty, at this time. A cabin near, the best one amid the settlement, became the fear of the "gemmen of color," because voices were heard therein o' nights and no one could be found to live in it. In regular course, Brudder Jones arrived at Brudder Marsh's, expecting to put up with Brudder Marsh, when he found a situation, not a theory, confronting him. He had heard of the haunted cabin. Brudder Marsh met him with: "Brudder Jones, yo' has been coming to ma cabin, lo, dese many years, an' yo' was welcome an' is welcome, but ma cabin is full, no place to sleep, but I say yo' can eat at ma table, the mule can have feed, but there is no place for yo' to sleep 'cept in da haunted cabin." Brudder Jones replied: "Brudder Marsh, yo' need have no 'scuses. I have de word of de Lo'd in ma pocket and wid dat I can exorcise the evil spirits (he called it exercise the sperits), an' I am no 'fraid of de debbil an' his works." After a bountiful supper with Brother Marsh, his wife and fifteen children, to which due justice was done, and the mule fed for the night, bedtime found Brudder Jones within the fairly well furnished haunted cabin, sitting in an easy chair before a cheerful fire in the fireplace, and apparently comfortable, in a well-lighted room. Brudder Marsh had bidden Brudder Jones a hearty goodnight, and the parson took his Bible for his evening's meditation. Opening at Genesis, he read aloud (Gen. 1:1): "In the beginning God!" Hark! what was that scratching noise? Turning his head, Brudder Jones saw a little mite of a black kitten coming down the stairs from the sleeping apartment in the loft. The kitten paid no attention to Brudder Jones, but went straight to the fire, bathed its forepaws in the blaze, wiped its head, and, turning about, sat down and looked straight at the preacher.

Turning to Exodus (Ex. xxix:1), Brudder Jones began: "And of the purple, and blue, and scarlet, they made." Hark! what was that sound? As before, now a nearly full-grown black cat this time crept down, and performing ablutions in the blaze, turned about as the kitten had done, both looking intently at Brudder Jones. A thin, piping voice broke the silence: "Where's Reuben?" To which a deep bass voice responded: "Reuben's on the way."

It was beginning to "get on" the parson's nerves, but, nothing daunted, he skipped over to Judges (viii:1): "And the men of Ephraim said unto him, Why hast thou served us thus?" Another scratching noise on the stairs, and Brudder Jones saw a cat as large as a small dog limp down from above. This cat went to the fire, pawed the ashes about the hearth, washed its face in flame, sat down and exclaimed: "Reuben's coming soon!" To which the thin, piping voice, apparently speaking from the loft, said: "Reuben's been delayed!"

The situation was becoming serious, but Brudder Jones was game. He opened his Bible again and read (Job xxxiii:7): "Behold my terror shall not

make thee afraid, neither shall" Hist! what was that? Another noise on the staircase. This time a cat as large as a Newfoundland dog crept slowly down from the loft, passed entirely around the parson and to the fireplace, performed its ablutions in ashes, and sat down in a row with the others preceding. A voice exclaimed: "Reuben'll soon be here!"

The Old Testament not proving sufficient to stop this materialization of the spirits, Brudder Jones opened his Bible at the New and began to read (Matt. ii:1): "Now, when Jesus was born in Bethlehem of Judea in the day of Herod." Hark! what was that? Down the stairs came something as large as a grizzly bear, rushed to the fire, thrust in its forepaws, scattering the embers and ashes all over the cabin floor, leaving the room in darkness. The parson shut up his Bible, and, as he rushed out of doors, yelled: "Tell Reuben I shall sleep with the mule!"

This story of exorcising Satan is just as sensible as any of the modern fakirs pretending to cure diseases by absent or present treatment, by will power, or otherwise, than by medicine.

On August 2, 1910, the writer commenced the organization of an International Eclectic Medical Association, with less number of members than there are fingers on your two hands. Determination has quite as much as means or opportunity to do with giving one success. If a man is determined to do, he will be likely to do whether things favor or oppose him. If a man makes up his mind that, as things are, he cannot do what he ought to, or would like to do, he will not be likely to accomplish anything, however circumstances combine to help him. "Only Omnipotence can hinder a determined man," and Omnipotence will not oppose a determined man who is set in the right direction. It is not the opportunity that a man has, or the tools that are available to him, but it is the determination with which he pushes on against unfavorable circumstances, and with which he uses such tools as are available, that settles the question of how much he amounts to and what he accomplishes in life. Napoleon laid great stress upon "that supreme moment," that "nick of time," which occurs in every battle, to take advantage of which means victory, and to lose in hesitation means disaster. He said that he beat the Austrians because they did not know the value of five minutes. Grouchy's delay was enough to send Napoleon to St. Helena. It is a well known truism that what may be done at any time may be done at no time. Sidney Smith says: "The fact is that in order to do anything in this world worth doing we must not stand shivering on the bank thinking of the cold and danger, but jump in and scramble through as well as we can. It will not do to be perpetually calculating risks and adjusting nice chances. It did all very well before the flood, when a man could consult his friends upon an intended venture for one hundred and fifty years, and then live to see its success for six or seven centuries afterwards, but at the present time a man waits, and hesitates, and consults his brother, his uncle, and his cousins, and his particular friends, until one fine day he finds that he is sixty-five years of age, that he has lost so much time consulting his cousins

and his particular friends that he has no more time left to follow their advice." One has said that the energy wasted in postponing until tomorrow a duty of to-day, would do the work, and that "putting off" usually means, "leaving off," and "going to do," becomes "going undone."

Maria Edgeworth said: "There is no moment like the present; not only so, there is no moment at all, no instant force and energy but the present. The man who will not execute his resolutions when they are fresh upon him, can have no hopes for them afterwards; they will be dissipated, lost in the hurry and scurry of the world, or sunk in the slough of indolence."

"The man who always acts promptly, even if he makes occasional mistakes, will succeed when a procrastinator will fail—even if he have the better judgment." A person was once extolling the skill and courage of Mayennes in King Henry's presence. "You are right," said the King, "he is a great captain, but I have always five hours the start of him." Indecision becomes a disease and procrastination is its forerunner. There is only one known remedy for the victim of indecision, and that is prompt decision, otherwise the disease is fatal to all success or achievement. A man who, like Napoleon, can on the instant seize the most important thing, and sacrifice the others, is sure to succeed. Men often fail because they want to think the whole matter over before making sacrifice, but the choice of the one and the sacrifice of the others come together.. Remember the loss of valuable life and property in the going down of the Titanic, which has given all nations of the earth a severe lesson concerning steamship navigation. Should we not have National and International Boards of Health and properly trained sanitary officers to protect life on the high seas and ocean travel? A word to the wise is sufficient. "The man is yet unborn who rightly measures and fully realizes the value of an hour."

The health officer is responsible to the entire people. They look to him as the public guardian who shall ward off contagious diseases, and are demanding more and more effort on his part, so that whether the summons comes by day or night he must instantly respond to the call of duty. He must know what to do, and knowing dare perform. He must know neither friend nor foe in the discharge of his official duties. Every one must be used eactly alike as to quarantine, as to obedience to orders, and this must extend even to relatives. No other course is consistent with success, and none other will secure and retain the confidence of the community.

The health officer blazes the way for progress and civilization. with tape and transit he finds a path through the trackless wilderness. He swings a skeleton bridge across the yawning chasm, or tunnels straight through the heart of the living rock, and the mighty railroad follows after. He waters the desert and drains the swamp until they flourish and blossom in one vast garden. He dams back the roaring sea and swollen river, and makes habitable the land they would devour. Towns spring up in his footsteps and wax great and wealthy before they can be mapped. He is the pioneer of progress, the forerunner of civilization.

RUBEOLA.

R. E. Holmes, M.D., Harrisburg, Pa.

Measles is an acute, eruptive, febrile disorder usually occurring in childhood, and is caused by a specific contagion, therefore is a contagious, and, to a less degree, infectious disease. It is usually communicated directly from person to person, but not carried from one person to another as in smallpox, scarlatina, diphtheria, etc. I shall not dwell on the symptomatology, pathology, diagnosis or prognosis, but will devote our time to the sequelæ and etiology of the disease.

The contagion of measles does not remain viable in a locality after those who have had it have been removed. Therefore it does not require disinfection. There has not been found as yet a microparasite that produces the disease, therefore, the ptomaine, poison or microbe that produces it is not positively known. Contagion is possible three or four days before the eruption on the skin and continues until desquamation has ceased. The virus is present in the blood in the prodromal stage, as has been proven by inoculation, also by using the catarrhal secretions from the mucous membrane. It can be communicated by the desquamating epithelium.

Susceptibility to the contagion of measles is almost universal. Few escape after direct exposure. It sweeps poorly ventilated apartments. Good ventilation and sunlight stop its progress. One attack usually makes you immune. I have had reports of second and third attacks. Some writers think that in such cases mistakes were made in the diagnosis, and one may have been roseola, or German measles. No age is wholly exempt, although measles is less commonly seen in infants less than a year old and in old people. In 1846, the Canary Islanders had not had the measles for sixty-five years, when an infected person landed. Six thousand out of 7,782 inhabitants had the disease, so you see the reason why adults seldom have rubeola, for they seldom escape it in childhood.

The complications of measles are, on account of their frequency and fatality, by far the most important features to bear in mind. In 50 per cent. at least you will find sequelæ to treat.

The skin complication may be erythema in the prodromal stage, which may be misleading in your diagnosis. Miliary vesicles or intertrigo, which we may have in fat young babies caused by heat, are sometimes misleading. Eczema, which will persist after the efflorescence, and psoriasis sometimes make their appearance after the desquamative stage. Even impetigo, boils and phlegmonous abscesses are liable to give us trouble. Pemphigus and cutaneous tuberculosis have been reported to follow measles.

The mucous membrane is very susceptible in rubeola, and if exposed to diphtheria it would take hold very readily. The eyes are often affected, the conjunctiva being the seat of trouble. In scrofulitic children you may have keratitis. When the lids are involved we may have phlyctenular ulcers or granulations. The ear is often the seat of disturbance; catarrhal inflammation of the Eustachian tube and middle ear if there is not a free draining

of pus. We may have otitis, which is one of the most serious complications. In from 5 to 9 per cent. of deaf mutes the deafness is attributed to measles.

The respiratory tract is often affected. If an incipient tuberculosis patient takes measles you want to be on your guard, for it will greatly aggravate the tuberculosis. The larynx is often affected, which may be spasmodic, acute, phlegmonous or membranous in character, the latter being held by most writers not to be diphtheritic. Tracheo-bronchial catarrh is recognized as one of the common complications of measles. The phlegmonous bronchitis is very distressing, but the capillary bronchitis is the most dangerous. It usually occurs during the perod of efflorescence, and is recognized by a continuous rise of the fever, when the cutaneous exanthem begins to disappear, followed by headache, vomiting, labored breathing and increased cough, and respiration becomes frequent and more labored. It is generally distributed in both lungs. Symptoms the same as capillary bronchitis when measles is not present.

The most fatal as well as the most frequent sequela is broncho-pneumonia. In a child hospital in New York City, in two epidemics of measles they had three hundred cases. Forty per cent. took this complication and 70 per cent. of them died. I cannot understand why this should be, for I have attended many cases of measles in the city and country and have been lucky enough not to lose a single case, which must be due to the Eclectic method of treating the disease.

The digestive tract often becomes involved in rubeola. We may have stomatitis, sometimes ulcerative, which is very annoying; tonsillitis and circumtonsillar inflammation, and sometimes this extends to the stomach and intestines and sets up a diarrhea. We may have nervous trouble, *i.e.*, hemiplegia, tetanus, muscular atrophy, chorea, mental disorders. For a fact you appear to be thrown open to more complications than in any other disease unless it is scarlatina.

The treatment is threefold: (1) Prophylactic; (2) to a favorable termination; (3) complications as they may arise.

In prophylaxis it is better to educate the people as to the danger of the disease on account of the sequelæ that so often follow. Enforce strict quarantine. Then have plenty of pure, fresh air and all the sunlight you can get.

My favorite drug to prevent the disease is sulphide of calcium. In treating measles in the prodromal stage, if the patient is very stupid I give belladonna; if light complexioned and nervous, pulsatilla; if the skin is dry and poor excretions then I give asclepias and generally use calcium sulphide with either of the above remedies. I never give irritant cathartics, but use enemas of water, about sixty or sixty-five degrees. If the eruption does not make its proper appearance, I use alcohol vapor baths. I have concluded that if I were not successful with vapor baths I would use cold sheet packs, but I never had to resort to them. For the cough I give drosera and stillingia. For the complications I use the remedies that are specifically indicated and get along very nicely.

The statistics from our State Health Department for March are: 95 deaths from measles, 75 from whooping cough, 55 from scarlet fever, and 147 from diphtheria, so you see we have lost more from measles, which is so lightly treated by the laity, than from any other contagious eruptive disease excepting diphtheria.

DISCUSSION.

Dr. G. B. Bristol: I have had the measles twice, and my sister has had them three times. For the measles cough there is nothing that suits me as well as lappa mexicana. If the rash strikes in or comes out slowly, I use lobelia and very soon it comes out.

Dr. Smith: I do not believe that Dr. Holmes spoke about the hot bath for measles. My brother once had measles; he had had them for nine days and was delirious. They put him in a bath of hot water, the measles came out immediately, he went asleep and slept five hours, and in two days was up. I always use the hot bath to bring measles out.

Dr. Holmes: The hot bath is all right, but in taking a cold sheet pack we get heat enough. However, I do not see any objections to a hot bath; I think it would be all right.

GALL-STONES.

J. B. Brewer, M.D., Jefferson, Wis.

This is a broad subject, therefore I have omitted cause and symptoms and give treatment, so that I may not take up too much of your valuable time.

If called during a seizure of colic I give a hypodermic of Lloyd's lobelia and after the attack of colic has subsided make a careful examination for any sign of inflammation in the hepatic region.

In most all cases operation is necessary, especially when there is frequent recurrence of colic, with or without jaundice, whether the gall-bladder is enlarged or not; in enlargement of the gall-bladder without jaundice; and for adhesions.

An early operation is less dangerous than the passage of a stone, as complications such as infection, adhesions, perforation, etc., are avoided or greatly lessened. Even if the diagnosis is wrong no harm will be done, as the real condition may then be found and the cause removed.

The common operation, which consists of opening the gall-bladder, removing the cause or stone and making a temporary fistula in the gall-bladder, is the best. In cases of either jaundice or adhesions these will be cured in from two to four weeks by this method.

The operation of closing the gall-bladder after removal of cause or stone has not been as successful as the former. In ten cases operated on by the latter method there was a recurrence of the trouble in one, while out of fifteen cases operated on by the former method not one recurred.

It is wrong to try to force a stone from the common duct into the duodenum. The attempt will always fail and nearly every time will mean death to your patient.

The National Eclectic Medical Association

QUARTERLY

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THE FARMING CLASS.

"The deterioration of the farming class is so frequently asserted that it would be interesting to look into it a little to see if the charge is true that we are evolving a peasantry too stupid for our form of government. There is no doubt of course that the income of farmers is so small that everyone who has ability to make more, generally goes to town where there is great demand for men who have more intelligence than needed to run a farm indifferently well. So, too, the man whose active brain cannot stand the dulling monotony of isolation, will abandon farming even if he makes a poorer living with the crowd. Then again the farmer who does succeed is very prone to retire to town and rent his farm, so that there is already a large and rapidly increasing percentage of our best farming lands in the hands of tenants who as a class are not the best farmers by any means. Poor land is generally cultivated by its owner because he cannot make enough to get away, and besides he is generally a man of a lower order of intelligence who has been elbowed out of better places by better men. As intelligence and morality are closely allied, there may be some ground for the frequent assertion that the ideals and conduct in cities are now far above those of the country. The vote sellers of Adams county, Ohio, who constitute the respectable element seem to point to low standards at least there."

* * *

"Rural immorality seems to be so widespread as to warrant considering it an universal phenomenon. We certainly are having a hard time convincing farmers of the iniquity of selling us dangerous foods. They certainly have killed an awful number of us with typhoid fever, and our sanitary inspectors are in constant danger of assault or worse. Is it possible that we have reversed matters, and the least moral are now in the rural districts? The best farmers of Europe do not come here—they are too contented at home. We get the failures now and we cannot expect them to do any better than they did in Europe. Fifty years ago they stumbled on good western lands which they immediately despoiled and became rich. Some of these are wandering into Canada to repeat the process, leaving our farms still worse. On the other hand, the returns of intelligent scientific farming are so great, and abler men are succeeding so well, that an opposite selection is going on by elbowing out those too stupid for modern ways, and

who become hired hands. Will these new farmers be able to sustain a higher moral code than the failures have? Time only can tell, but now we must sorrowfully confess that the countryman is not as good as he used to be, so that city vice is largely supported by visitors from the country, bent on a 'fling,' but who are steady church-goers at home. All bunco and gold-brick swindles are based on the immoral greed of a country victim and should not be blamed on the city exclusively. Cities have enough to shoulder, goodness knows, and in all fairness ought to shift some of the blame on the country."

The above editorials from *American Medicine,* April, 1912, are on a par with the report of the commission appointed by ex-President Roosevelt to inquire as to the ways and means to improve the condition of the farmer.

The above clipping evidences a lack of first knowledge on the part of the writer. It is, however, only another illustration of many articles written by people possessing no first-hand knowledge of that upon which they are writing. I read these articles whilst riding through Iowa, Illinois, Indiana and Ohio, and wished that the writer was with me that I might show him the condition of the farming class. Large houses, barns, silos, everything exhibiting thrift, comfort and plenty. Possibly the writer is not aware of the daily rural mail with its daily paper and that nearly every house has its telephone and many farmers possess automobiles; that many not only take the daily papers, but one or more papers devoted to agriculture; their sons and daughters go to college. The income of the farmer compares favorably with the average income of the physician.

Modern farming demands intelligence, and, in the States enumerated, compulsory educational laws provide for seven to nine months school each year, with a minimum teacher's salary law which is usually enforced. My personal experience with farmers, farmers' sons and daughters, impresses me with the fact that they are usually as intelligent as our city or town boys and girls. An intelligent inquiry among our high schools will soon demonstrate to the inquirer that the larger number of pupils emanate from the farm; that their scholarship compares favorably, if not excels, that of the town boy or girl.

The reference to Adams County is wrong, as the vote sellers were not the farmers, but the poorer class that usually float into the towns. The reputation of the people of Adams County and their crime is not worse, in fact is not on a par with that which distinguished the legislatures of Ohio, Illinois and Wisconsin during the past winter; that is, however, crime in high places, which is usually condoned by reason of the financial and social standing of the participants. The fact remains, however, they are none the less guilty and the crime is more heinous by reason of that financial and social standing, and, if the writer of the editorial is correct, by their superior intelligence and morality.

The second editorial, "Rural immorality," needs but little comment. Morality and a sense of the moral obligation is as high among the farming community as elsewhere. The farm does not attract the emigrants that come to our shores. It has been years since the farmers of Europe ceased

emigrating. To-day, the emigrants come from southern Italy and the Balkans, flood our manufacturing centers or work on our public improvements or on our trans-continental railroads. A trip across the country will show any observant person where our emigrants come from and where they go. Read the lists of arrests in the Lawrenceville strikes; the present strike in the anthracite coal regions; in fact, any coal or steel community. When good public land was plentiful our country attracted the English, the German and the Scandinavian who settled our Northwest, whose descendants have furnished men of brain and brawn of whom the entire country is proud.

Neither are all bunco and gold-brick swindles based on the immoral greed of a country victim. The purchasers of gold mining stock are unfortunately too often doctors who wish a big income on their scant savings. The recent exposures of investment companies by the government shows that many investors come from the cities.

I am afraid that the writer's knowledge is not first-handed. It may be his strictures will apply to the wornout farms of the effete East, but they will not apply to the Northwest or Central States at least. I have often been amazed at the lack of knowledge possessed by our city brothers of the true conditions in farming localities. Even our country doctor compares favorably with the city chap, and his income would put to shame that of most of our city physicians. Our Syrian, Italian, Polish and Slavic communities are found in our larger cities. The crime in Adams County is but a mere bagatelle in comparison to that which yearly occurs in New York, Chicago, Philadelphia, San Francisco and other large centers of population. There it is popular, however, and there seems to be no judiciary bold enough to grapple the problem and make those in high places tremble.

M.

THE HONEST FARMER.

The editor of *American Medicine* seems to have a penchant for discrediting the American farmer, not only his morality, but honesty as well. We took issue with him on some aspersions cast upon the farmer, and we cannot refrain from again differing with him, even though we admire his frankness and enjoy his editorials.

In *American Medicine* for July, he has an editorial entitled the "Back to the Farm" movement. In this editorial he refers back to feudal days when war was the prevailing occupation of men and women tilled the soil. He remarks upon the stupidity of the country laborers of Europe, and asserts we are beginning to witness the same conditions in America. That as a result of the emigration from the farms to the city the standards of honesty, honor and civic pride are very high in the city as well as the intellectual level. Again he reverts to Adams County and adds, "We have ceased to boast of the honest farmer." "That they are just able to keep body and soul together and often not that. That farming is not remunera-

tive for that reason alone. Brainy men can make money at it, but prefer easier work in the city."

We wonder in what section of the country the editor has come in contact with the farmers. Possibly among the Adirondacks where they farm in patches or may be the Alleghenies where he has gone to take his summer vacation. The intellectual standing of the farmer will average higher than his city cousin. It is true that in certain mountainous sections of our country, intellectuality, civic life, morality and honesty is below par, but will it not compare favorably with the disclosures now being made in his home city, New York? How about the standards of honesty and honor. Adams County is no comparison to the conditions revealed in New York City. There is a gigantic exposure now progressing in Detroit where civic pride, honor and honesty is not very high. Of San Francisco, Harrisburg, Philadelphia and other cities we might name, it is needless to comment. It is the same old story of crime in high places being condoned.

Our editor is ignorant of the condition of the farmer, and certainly does not write from personal knowledge. The State universities maintain agricultural departments, and many of the youths from the farm study there and return to the farm, from which they earn a sufficient competence that would excite envy in many a city physician. I have lived in both city and country. I have seen both sides of the life of each from a professional view. Except in isolated places, I challenge any one to witness in rural life anything to compare with Baxter, Bleecker, Center, Houston and other streets on the east side of New York. I could mention such places in any of our larger or even medium-sized cities, where poverty, crime, wretchedness and squalor exists to such an extent as to be hardly conceivable, save to one only who has seen it. Even our smaller manufacturing cities exhibit the same conditions. True, we have poverty in our rural communities, but not such abject poverty as is witnessed in the cities. All vote sellers or dishonest men do not exist in the rural communities. A few hundered may, but thousands obey the mandate of the political boss and his lieutenants in our large cities. The editor should visit the farmers of the central and middle West, and become acquainted with them and not rely upon the report of academic writers whose information is gleaned at long range only. M.

Editor Critic and Guide,

Dear Doctor:—Through your courtesy I am reading a copy of the March issue for the current year. Thank you for it.

I have read, with interest, your paper on "A National Department of Health and the National League for Medical Freedom," and have no doubt that all you say you believe to be perfectly true.

In discussing the Owen Bill you state positively that "they (N. L. M. F.) know perfectly well that the Owen Bill has nothing to do with the practice of medicine." You say, by inference, that a National Department of Health could not interfere with anybody's freedom in choosing a physician. Are you so sure of that?

I have always preferred the homeopathic treatment to that of any other system of medicine. While I am not now in the practice of general medicine, I have recollections.

You know, of course, that it is required by the Board of Health of this city,in the interest of the general public, that contagious and infectious diseases be removed to the city hospital under some circumstances. That is proper, no doubt. You are still aware, I am sure, that although the patient may have had, and still desires, homeopathic treatment, it is impossible for him to receive it. I have, personally, offered to furnish the remedies, if I could continue the case, but have been refused with very scant courtesy. There is no discrimination practiced, I am told, but that the patients must be content to receive what kind of medical treatment the city furnishes. It is not a law, but a "ruling." Departments have a great way of "ruling" and it amounts to a ukase.

Our friends, the allopaths, have entire control of the public health departments so far and we fear the results of a National Department of Health. Certain rulings of the Department might very easily make it difficult for a homeopathic physician to practice medicine. It is not what appears in the line, but what may be read between the lines that we fear.

Very sincerely yours,

616 Madison Ave. JOHN B. GARRISON, M.D.

[There may be some truth in what the writer says.—ED.]

The above, as will be noted, is from the *Critic and Guide*. The comment of the editor should be noted. There is more than a passing truth in the suggestion of Dr. Garrison, and the trend of all medical legislation illustrates the force of his argument.

There is no need of a Department of Health. Those agitating it are well known to be astute politicians. Place the department in politics and note how soon its efficiency will be reduced. The health of the country is safe in the hands of the Public Health and Marine Hospital Service. We point with pride to the sanitary victories of American physicians in Havana, Manila, Panama, Porto Rico and at present in San Francisco in combating bubonic plague. To what branch of our service did these men belong? Could service be better and more honorable if placed in the hands of politicians, changed at the will and whim of the political party in the ascendency?

Dr. Gorgas has recently been awarded a medal by *American Medicine* for his services in Panama. To what branch of our service did he belong? This branch of our service has performed noble work in preventative medicine and is still doing efficient work. The best public health measure the Nation can have is to strengthen their hands, enlarge their work, but for Heaven's sake, keep it out of the hands of professional politicians, else it will be rendered as ineffectual as the Pure Food Commission. The truth is a simon-pure public health measure is not what is wanted by the political doctor. It is power; power to crush all rivalry or competition, no matter from what source. Note their activity with State legislatures, with health and examining boards. "Actions speak louder than words." M.

NATIONAL LEGISLATION.

Under the caption "National Legislation," the *New York Medical Journal,* August 31, contains an editorial commenting upon the passage of a law enlarging the scope of the Public Health and Marine Hospital Service, and the changing of the name to "The United States Public Health Service."

Had we space we would like to have copied the entire article, as it voiced our sentiments, and was as sane and sensible an article on the subject we have been permitted to read. The passage of this bill will no doubt check for a time at least agitation for further medical legislation. This constant agitation for the creation of a Department of Health met with some bitter opposition and considerable acrimonious debate. Those opposed to its creation have been called hard names and classed as fakers, charlatans, quacks and everything but gentlemen.

We believe there are as honest men opposed to it, as there are in favor of it, and that they are not charlatans by any means, in fact, no more so than many favoring it. The fact is, the bill was originally fathered and fostered by those seeking political preferment and advantage.

This journal has been consistently opposed to its creation, and has maintained that we enjoy an efficient health service and all that we need more is an enlargement of their powers and adequate resources by ample appropriations, with which to maintain their efficiency.

It is assuredly a satisfaction to find that we were in good company during this agitation, and it is equally as much so to find that the problem, for a time at least, has been solved in the manner in which we hoped it would be. Health laws should be administered in a non-partisan manner. Health officers should be removed from party politics. Efficiency in public service is not compatible with partisanship. The editorial closes as follows, which coincides with much that has been previously advocated in THE QUARTERLY (see December, 1911, p. 175; also September, 1912, p. 89):

"While some of the advocates of these impracticable bills were indulging in theory, the physicians of the Public Health and Marine Hospital Service were facing facts and going steadily ahead with their work of preventing and combating disease, at what cost to themselves is shown by the fact that during this period at least four laid down their lives. The late Surgeon General Wyman might also be added to this list, for, although suffering from two fatal maladies, he gave himself no rest, but remained in Washington during all of last summer, patiently administering his office and preparing arguments for the continuance of the already too meagre appropriations. It is gratifying that Congress has recognized the services of these physicians *and by a unanimous vote of both houses* placed them in charge of the Public Health Service.

"It is to be hoped that the passage of the present law will mark the beginning of a new era in the discussion of health work, and that henceforth the energies of those interested in this subject will be devoted to aiding the normal growth and enlargement of the new service; there is certainly little need now for agitation for a more comprehensive law. There is need, however, of liberal appropriations and the moral support of both of the medical profession, which should look upon the activities of the service as a part of

their profession's work, and of the public, which the organization will serve without discrimination as to creed or condition." M.

SCHOOLS, SECTS, METHODS.

The above is a caption of an interesting editorial appearing in *Clinical Medicine,* for August, 1912. It is interesting, and we purpose not only to freely quote from it, but to make some comments on the same. It is true the editorial is written from the viewpoint of the advocate of active principles. Much of his reasoning have a familiar tone, especially to one who graduated from an Eclectic college twenty or more years ago.

"To the active-principle man, the only entity confronting him is the patient. Instead of beginning with the disease, he commences with the man. His diagnosis begins with appreciation of a disorder in physiologic function, and he seeks to detect this, and its cause, at the earliest possible moment, in order that he may get to work quickly with remedies calculated to restore the deranged functions to normal action before further lesions have been inflicted.

"This system means a close study of the patient in the earliest stages of his illness, at a time when treatment is most effective. The ideal success is in the case of an inflammation, taken in the stage of hyperemia, when paresis of the capillaries, with dilatation and engorgement, is still the only lesion, and bringing the train of pathologic processes to an end there without allowing the disease to develop the later stages.

"To the physician accustomed to look upon diseases by their names. there is difficulty in classifying such maladies, for he cannot diagnose them until the classic symptoms have developed; and then it is too late for therapeutics, since anatomic lesions have already been inflicted. Then he must wait for Dame Nature's slower processes of repair."

Scudder's "Specific Diagnosis," in 1874, reads thus: "If we examine the literature of the profession, we find that writers on the 'Practice of Medicine' labor to make diagnosis in this way (nosologically), and so arrange the symptoms of disease that their readers may be enabled to follow in their lead. The student would certainly think, from this teaching that getting a name for a disease was the first and principal object in medical practice. . . . What can be more natural than that medicines should be prescribed at names, when so much trouble is taken to affix them. . . . We want to know clearly the conditions necessary to healthy life, and how their change works that we call disease. If we can understand clearly the relation of a condition or function to healthy life, we are in a position to learn how the change in condition or function produces disease, and a correct therapeutics is at once suggested. . . . We propose studying the expressions or symptoms of disease with reference to the administration of remedies. . . . *We must study* the living man and learn to recognize every manifestation of this life by our senses."

On page 34 of Materia Medica and Therapeutics, edition of 1883, he says: "In thinking of disease as a wrong of life, rather than something that has taken possession of a man—that he has caught or has caught him—we

have made an important advance. It is his life we have to deal with, and it is his life impaired."

In principles of medicine, when treating of inflammation, he says: "We study the phenomena of inflammation to the best advantage we can, realize the anatomy and physiology of the capillary circulation and the relation it bears to the other parts of a tissue." Under treatment: "In our consideration of the principles which should form the basis of a national practice, it will be necessary to examine each stage of the disease, and the remedies applicable to its arrest, or that will conduct it to the most favorable termination with least change of structure" *Clinical Medicine* continues thus: "The advantages of a method that encourages such a study of the patient are obvious. The doctor has less trouble comprehending and curing his patient's maladies than in classifying them."

Space does not permit a freer quotation from the editorial; it should be read in its entirety. The writer quotes from an article which claims that "Homeopathy and Eclecticism are exploded delusions."

"In the other 'exploded delusion,' we are treated to a genuine surprise. Eclecticism there is defined as the treatment of abnormal conditions by remedies that correct them, regardless of the nosology. I have never known that definition applied to Eclecticism. My belief always has been, and is, that the Eclectic defines himself as one who chooses the best out of all medical systems. In that sense, every real physician must be an Eclectic.

"That Eclectics have of late laid much stress on specific diagnosis and treatment is inevitable—no man can make the sickroom the basis of his studies without coming to it. By specific diagnosis, I mean the study of the patient leading to the recognition of abnormal functionation somewhere; after which the application of such remedial measures as are capable of restoring the aberrant functions to normal operation comes as the therapeutic indication. The remedy may or may not be directed against the etiologic factor—that is a matter of detail, and I only mention it here to forestall a probable objection.

"Like Homeopathy, Eclecticism began the days before the present era of scientific medicine. Neither had aught with which to contend but pure empiricism. The insight we now enjoy into the physiologic functions and the course of pathologic processes has come since these sects sprang into existence. The advances in science made by the regular school have been so great that we can well afford to be just, and assent to the claim of these gentlemen that they, too, have added somewhat to the sum total of professional knowledge.

"With both schools, their principal laboratory has been the sickroom. They have studied the patient, and noted his symptoms with a minuteness that, when judged by the correlation of results from many observers, could not fail of some results of real value. The one has sought to match the patient's symptoms by those following large doses of a drug, and then to avail himself of the opposite effects of a small dose. The other has sought, by plain clinical study, to form a groupage of symptoms for which a remedy is applicable, regardless of any suppositious 'law.'"

Eclectics are not mere choosers of the best out of all systems. That is the province of all true physicians and in that sense all physicians would be and are Eclectic. We do prescribe symptomatically and more than thirty

years ago, Dr. J. M. Scudder wrote: "We do not use remedies because they have been highly recommended, or have been found useful in named diseases, by writers or teachers of medicine; we use them because in the particular case there are evidences of disease calling for the particular remedy. We do not prescribe for names, but for conditions; we are not governed by authority, but by observation and the simplest rules of reason." Eclecticism has laid its stamp on medicine and it has been indelibly stamped upon modern therapeutics. The therapeutic nihilism that has prevailed in recent years has driven the practitioner to look for relief elsewhere. As a consequence a very large number of medical men have instinctively turned toward Eclecticism for relief and guidance. In my own observation there is *not* a single *registered allopathic graduate in* my own territory but what is using specific medication in his practice; instinctively turning to us for relief. It affords him the only safe and reliable guidance to internal medicine. Homeopathy and Eclecticism have made their impress upon modern medicine, and it has been indelibly stamped thereon. Innuendoes and aspersions may be cast upon us by predatory wealth and political shysters, but the truth remains and can be verified by any one, with an honest desire to ascertain the truth, that their teachings form the foundation for therapeutical certainty with the mass of medical men to-day, and their tribute toward medicine is constantly gaining ground, even though no credit may be given or even another name may be applied to the truths advocated by them nearly or quite a half a century ago. M.

EXAMINATIONS.

The following is copied from the *Lancet-Clinic* of September 14, 1912:

"There appears to be much dissatisfaction in Philadelphia medical circles with the State Board examinations this June, which resulted in the failure of 30 per cent. of the candidates. That the questions were fair and on the whole, not unduly stringent, is generally acknowledged, but on all sides it is declared that not sufficient time was allowed the candidates to give comprehensive answers."

The same issue contains an interesting editorial on "the cramming system," as it is exemplified in many of our grammar schools. The contentions of the writer are unfortunately too true, but is there not danger that under the present exactions of examining boards, the same condition will soon prevail in our medical schools? I believe it has about reached that point now. The first clipping exemplifies what the medical student must meet after graduation. The State board examination is a constant menace to him throughout his entire college career, constantly staring him in the face.

It would not be so bad were men appointed on these boards by reason of their pedagogical experiences or peculiar fitness for such a position. Unfortunately political affiliation and pull too often sways the balance and leads to appointment. Thus men often unfit by reason of a lack of experience or knowledge, either general or special, receive the appointment.

So-called State pride and a foolish desire to pluck a certain percentage or a large percentage of applicants leads to the asking of catch questions and unduly close marking. Ignorance and narrowness leads to the use of quiz compends and the demanding of literal answers, such as books on State board examinations would give, or in other words to grammar school methods.

As an illustration of methods, I will give a few questions in anatomy recently given in a State.

1. (a) How many bones in the human skeleton? (b) name them; (c) classify them and give an example of each.

6. Give the apparent origin, exits and distributions of the cranial nerves.

10. Bound the triangles of the front of the neck.

The entire list in anatomy was as comprehensive as these. Consider for a moment what literal answers to these three questions mean. I would willingly wager that not a member of the board could answer correctly the three questions quoted. The entire system is founded on antiquated pedagogical methods. They are a mere test of memory, not of knowledge and is as reprehensible as the "cramming method," complained of in the editorial, and largely responsible for the failures complained of by Philadelphia. The colleges are now regulated, why regulate the student? His pre-medical course is mapped out for him as well as his medical course. This should be sufficient. It is with all degrees save the medical. M.

SOME OF THE EVILS OF THE DRUG TRADE.

The Voice of the Retail Druggist, July, 1912, devotes a bit of space to the consideration of some of the troubles and evils of the drug trade. To quote:

"One would think that with cut-rate, chain store, and department store competition, pure food and drug legislation, drastic city health board ordinances, the Richardson bill, the Wright bill, the Owen bill, and other restrictive measures in prospect, the retail druggist had troubles enough for one poor mortal.

"The druggist is expected to bear all, suffer all in a meek and lowly spirit, while he adheres strictly to high professional ideals, giving no thought to the morrow as to where-withal he shall be fed or where-withal he shall be clothed. He must eke out his existence from the filling of prescriptions and eschew all side lines, even if he gets only two or three prescriptions a day and these to be filled by proprietaries, whose virtues have been set forth in glowing colors before the physician by the detail man."

The latter part of this quotation will not cause much comment from well informed Eclectics, nor in fact from any of the practitioners of medicine except, perhaps, the so-called or self-styled "Regular."

He, the Regular, it is who bewails the development of the many healing cults, yet such charges, unchallenged, do not leave much room for criticism when the suffering public looks to some other and safer and probably as certain means of relief.

The writer has a brother in a neighboring city, who has repeatedly said he could tell what pharmaceutical house had last detailed the town by the prescriptions which came to his drug store from the doctors of the city.

A prominent druggist of Indianapolis has told the writer more than once of telephone calls for medicine by physicians who would prescribe some proprietary, or semi-proprietary preparation, and on being informed that such a remedy was not in stock, the doctor would ask him to tell or enumerate what preparations he might have at hand of similar nature and finally say to him that he could send the one or the other, leaving the matter entirely to the pharmacist instead of writing a prescription for reliable medicines, compounded, if necessary, to fit the case in hand.

This voluntary information reveals the sad and deplorable condition of affairs medical in the hands of prescribing physicians, and it is hardly necessary to add that they are not Eclectic, Homeopathic or Physio-medical.

This is certainly one of the causes for the disrepute of medical practitioners in the esteem of the lay public.

Yet these men are the ones who make themselves most busy in protecting their colleges by university affiliation; who seek to guard the dear public through boards of health; who find employment for young (experts) physicians, who pose as health inspectors because they are unable to make a living by working up a general practice.

A word as to the "experts" who inspect school children. Within a short time, in two cities in Indiana, one the capital city, reports have come to the ears of the writer (in the latter city we are able to verify the report) of inspectors entering the schools and demanding that all the children who have sore throats "stand up." In one such case a child was sent home, the house quarantined, placarded "Diphtheria," two children kept out of the public school, and without the slightest evidence of sore throat or even the remotest clinical evidence of illness.

Another child was sent home, no culture taken, she was informed she had "sore throat." For a week the family, under the impression the little girl had a non-infectious angina, kept her on "domestic remedies" until she had a marked development of nasal and pharyngeal diphtheria. In this case the remainder of the family was allowed to run at large, no restrictions prescribed to protect the family or neighbors.

This is only a sample of the work of the appointees of the Board of Health, the authority of which is to be much extended if we are to believe the interviews printed from time to time from our health officers.

Children with rhus tox. poisoning have been sent home because they had a "skin disease"—supposedly, of course, that it was infectious. They were thus denied the advantage of the school for days at least, and the danger of spreading the infection was little if any diminished.

A few good physicians who sought appointment had not enough political pull to land the position and those who were appointed are men who have never demonstrated any ability to warrant great public confidence.

If these are to be looked upon as samples of what is now done by those who are shaping the policy that looks to the "Control of Medical Practice in the United States," what shall we expect when the latter is an assured fact?

President Taft, in his address of welcome to the delegates to the International Congress for Hygiene and Demography, on September 23, said:

"We need to develop under governmental auspices *a bureau or a department*, in which the funds of the government shall be expended for research of every kind useful in the practice and enforcement of hygiene and preventive medicine."

President-elect Wilson, on September 9, in New York City, dictated the following statement:

"The Democratic platform is much the strongest, most direct and explicit on questions of public health and pure food. The conference which I attended (to-day) was to organize and develop that side of the campaign."

Mr. Paul V. Perry, in a recent issue of the Chicago *World*, published under his signature the following:

"Physicians and surgeons of the 'old schools' have plunged into politics up to their armpits. It became known yesterday that a secret organization of the 'regulars' throughout the country has been undertaken by Dr. Woods Hutchinson, of New York, and W. A. Evans, former health commissioner of this city, with the intent to put out of business by legislative restrictions the practice of the Osteopath, Christian Science, and other schools that have little use for drugs."

The past twenty years has seen every State legislature within the United States considering one or more bills drawn to restrict medical practice. Strange as it may seem, few of these bills have been aimed at nostrum peddlers, patent or proprietary medicine manufacturers and vendors, outrageous and misleading advertisements and advertising quacks, the latter doing business under diplomas and licenses granted by so-called "regular or old school colleges" and health boards or medical registration boards.

The animus of almost every bill originating at the hands of the old school doctors has been directed against the legitimate and well-educated ethical practitioners of medicine of the so-called irregular schools, namely, the Eclectic, Homeopathic and Physio-medical.

Not a year goes by that we do not witness a repetition of the effort to strangle, restrict, or put out of business the legal and well-qualified medical men who happen to be of a class that thinks and acts independently of the tyrannical and would-be medical bosses.

For more than twenty years the Committee on Medical Legislation of the A. M. A. has been trying to obtain through the national legislature what it failed to get through the State law-makers.

Bureaucratic form of government, if we are to believe the example furnished by Russia, is the most tyrannical, abusive, autocratic and undemocratic of any in existence. Are we to believe, in the light of past experience and legislation, that the present agitation which organized medico-politicians promote has in view the welfare of the dear people only? Or,

shall we, by the light of experience, conclude that the public health is but a thin subterfuge back of which the hidden meaning is the desire to dominate, and, which once protected by a Bureau of Health, may be so manipulated that long-sought power will be placed in the hands of designing men?

B.

CONSISTENCY.

The *Journal A. M. A.*, August 17, 1912, has a tirade against the *Wisconsin Medical Journal* for advertising Kutnow's Powder, Waterbury's Compound, Pinozyme, Haye's Cordial, Ergoapiol, Campho-Phenique, Bovinine, Dioviburnia, Epilepsingen, Tongaline and Neurosine. It is wonderful what a spasm of righteousness overcome some people after running the gauntlet of unethical proceedings. Our friends are responsible for the dearth of therapeutic certainty and for the nihilist spirit that dominates the medical profession. Physicians are compelled to turn to the proprietaries for relief. I have been informed by city pharmacists, they can always tell what firm's detail man has last visited the physician by the nature of the prescriptions filled. It is certainly a sad commentary on the profession. But what better can be expected when therapeutics is neither taught nor an examination in the same required by many of the State boards. M.

We recently received a letter from Henry Knox Stratford, of Chicago, Ill. The doctor is in his ninety-second year and is still practicing. Drs. Stratford, S. B. Munn and V. Baker are the only living charter members of the National Association. All are ex-presidents. Dr. S. B. Munn presided at the meeting in Detroit in 1878. Dr. H. K. Stratford says he presided at Altoona, Pa., in 1885, though the National Transactions for 1907-1908 reports it at Cincinnati in 1884. Dr. V. A. Baker presided at Waukesha in 1895. These are presumed to be all that are living that were at the meeting in Chicago in 1870, yet we have some veterans with us in addition to the above: Edwin M. Younkin, 1885; L. E. Russell, 1887; Wm. H. Durham, 1888; W. T. Gemmill, 1890; the latter is still active. I wish our young men would learn a lesson in loyalty from these men. M.

The following letters are sufficiently explanatory, and were brought forth by reason of a letter of the Editor, under date of October 5, complaining to the President of the injustice done to law-abiding citizens by reason of his ruling regarding the practice of medicine in the Panama Canal Zone. We are convinced, and have always been of the opinion, that if proper steps were taken before the proper authorities much of the medical legislation now in existence could be annulled. There is no justice nor equity in the condition of affairs in California and other States where a portion of the profession are compelled to come to a prescribed standard of preliminary

preparation and medical education while other portions are exempt from either. I have always been of the opinion that this last legislation rendered all other legislation illegal, or, in other words, annuls it.

NEW YORK, October 18, 1912.

W. N. MUNDY, M.D., Forest, Ohio:

My Dear Dr. Mundy—Replying to your letter of October 5, I enclose herewith a memorandum in reference to the practice of medicine in the Canal Zone, which is self-explanatory. Sincerely yours,

CHARLES D. HILLES.

THE WHITE HOUSE, WASHINGTON.

"There never was the slightest thought or intention of discriminating in any way whatsoever against any reputable and recognized form of ministration to the sick. Legislation, however, as you must realize is responsive only to concrete wants. The Executive Order, as originally issued, was drafted upon the Canal Zone to meet a given condition that had arisen there. The President's attention was thereupon directed to a specific hardship against practitioners actually present upon the Zone. To meet this concrete situation and to remove the apparent injustice, the Executive Order was amended to accord with more liberal legislation in our own States.

"If the Order as now amended unjustly affects some practitioners now on the Zone, you may rest assured that, if the fact is brought to the attention of the government, it will receive careful and open-minded consideration. Each problem upon the Zone will be dealt with fairly as it arises, but there is no need of crossing a bridge until we come to it."

THE DALLAS MEETING, JUNE 19, 1913.

While it is early to talk about the Dallas meeting, yet, in order to make this meeting a success, it is time to get busy and lay our plans for the trip to Texas.

We have arranged with the Frisco Lines to run a special train leaving St. Louis at 8:30 P.M., June 17, arriving in Dallas about 7:20 P.M., June 18. The Frisco will furnish us with train consisting of coaches, dining cars and observation sleeping cars, St. Louis to Dallas. The trip through the Ozarks on an observation car is one long to be remembered, and it is hoped that as many of the members as can will concentrate in St. Louis and go forward on the special train to the convention city.

This is a trip that many of the members have been looking forward to, as tickets can be purchased via the Frisco Lines to Dallas, thence to such cities as Fort Worth, Corsicana, Waco, Austin, Houston, San Antonio, Galveston, Corpus Christi, Brownsville and many other points in Texas at a few dollars more than the Dallas fare, granting stopover at Dallas to attend the meeting and then proceed on a tour of Texas. Liberal stopovers will be permitted on our tickets and many free side trips will be given, such as free side trip to Oklahoma City and to points in the Gulf Coast country.

Owing to the large number of members from the Southeast we will probably have a special train, or at least special cars, from Atlanta to Dallas via Memphis.

Members from the West and Northwest can concentrate at Kansas City and travel in special sleepers from that point.

I will have diagrams of sleeping cars for the Special Train from St. Louis and hope the members will advise me as early as possible as to what space they desire. The fare in the sleeper is $4.50 for a lower berth, which will accommodate two people, St. Louis to Dallas.

Approximate round trip Home-Seekers' fares from various cities:

From	to Dallas.
Cincinnati, O.	$41.10
Columbus, O.	43.90
Cleveland, O.	47.55
Chicago, Ill.	37.50
Dayton, O.	41.10
Kansas City, Mo.	19.35
Louisville, Ky.	37.10
St. Louis, Mo.	26.45
Pittsburgh, Pa.	$52.30 and 49.00
Toledo, O.	43.75
Atlanta, Ga.	37.25
Memphis, Tenn.	18.90
Nashville, Tenn.	30.90

Members from the Central and Eastern States, if they wish, can purchase circle tour tickets through St. Louis to Dallas, thence Houston and Galveston or New Orleans, thence steamer to New York and rail to original starting point at $75.00 round trip.

I will be glad to quote fares from your home station to Dallas, or to any point in Texas, if you will write me.

DR. W. N. MUNDY,
Corresponding Secretary.

NATIONAL COMMITTEES.

COMMITTEE ON ORGANIZATION.

Chairman—W. N. Mundy, M.D., Forest, O.

Alabama—J. W. Daniel, Midland City.
Arizona—G. F. Manning, Flagstaff.
Arkansas—E. H. Stevenson, Ft. Smith.
California—H. Ford Scudder, 125 Cajon St., Redlands.
Colorado—W. S. Bogart, 1427 Stout St., Denver.
Connecticut—G. B. Bristol, Middlebury.
Delaware—Paul Isenschmid, Wilmington, 826 Van Buren St.
District of Columbia—George MacDonald, 1204 G. St., N. W., Washington.
Florida—H. M. Strickland, Jacksonville.
Georgia—E. V. Ball, 700 Austel Bldg., Atlanta.
Idaho—Huston E. Snyder, Stites.
Illinois—R. J. Lambert, St. Charles.
Indiana—Orlando S. Coffin, Indianapolis.
Iowa—L. E. Eslick, Rockwell City.
Kansas—H. P. Hatfield, Olathe.
Kentucky—Lee Strouse, 25 E. Fourth St., Covington.

Louisiana—D. E. James, Royal.
Maine—Algernon Fossett, 110 North St., Portland.
Maryland—G. W. Fisher, 1510 Linden Ave., Baltimore.
Massachussets—Fred G. Philimore, 329 Hanover St., Boston.
Michigan—J. G. E. Waddington, 1080 W. Warren Ave., Detroit.
Montana—Winter H. English, Anaconda, Deer Lodge Co.
Nebraska—E. J. Latta, Kenesaw.
New Hampshire—Lillian G. Bullock, Manchester, N. H.
New Jersey—G. E. Potter, Newark.
New Mexico—J. E. Manney, Box 154, Tucumcari.
New York—T. D. Adlerman, 910 St. Johns Place, Brooklyn.
Nevada—C. A. Hascall, Fallon.
North Dakota—H. A. Krieger, Venturia.
Ohio—John K. Scudder, 630 W. 6th St., Cincinnati.
Oklahoma—H. C. Stagner, Guthrie.
Oregon—S. A. Davis-Bean, Salem.
Pennsylvania—W. S. Glenn, State College.
Rhode Island—Alzaman Sawyer, 212 Union St., Providence.
South Carolina—James W. Johnson, Florence Co., Savage.
South Dakota—W. P. Collins, Howard.
Texas—M. F. Bettencourt, Mart, Texas.
Tennessee—J. Paul Harvill, Nashville.
Utah—J. R. Gray, Salt Lake City.
Vermont.—P. L. Templeton, Montpelier.
Virginia—I. N. Baker, Whitacre, Giles Co.
Washington—J. W. Cosford, Spokane.
West Virginia—J. A. Monroe, 2713 Eoff St., Wheeling.
Wisconsin—Ira Fay Thompson, Reedsburg.
Wyoming—W. A. Wyman, Cheyenne.

(To act in conjunction with State secretaries.)

Committee on Finance—C S. Coffin, M.D., Indianapolis, Ind., Chairman; J. C. Mitchel, M.D., Louisville, Ky.; J. B. Davis, M.D., Peoria, Ill.

Committee on Press and Publication—W. L. Heeve, M.D., Brooklyn, N. Y., Chairman; Florence T. Truax, M.D., Atlanta, Ga.; M. M. Hamlin, M.D., St. Louis, Mo.

Committee on Necrology and History—H. W. Felter, M.D., Cincinnati, Chairman; A. W. Dunlap, M.D., 1774 Lynn Street, Des Moines, Ia.; J. D. McCann, M.D., Monticello, Ind.

Committee on Organizations—W. N. Mundy, M.D., Forest, O., Chairman; secretaries and one member to be selected from each State by W. N. Mundy.

Committee on Legislation—G. W. Boskowitz, M.D., New York, N. Y., Chairman; A. F. Stephens, M.D., St. Louis, Mo.; Finley Ellingwood, M.D., Chicago, Ill.; J. P. Harville, M.D., Nashville, Tenn.; J. A. Munk, M.D., Los Angeles, Cal.

Committee on Arrangements and Entertainment—J. K. Scudder, M.D., Cincinnati, O., Chairman; H. H. Blankmeyer, M.D., Aransas Pass, Texas; Pitts Edwin Howe, M.D., Boston, Mass.; T. D. Adlerman, Brooklyn, N. Y.

Committee on Credentials—G. Adolphus, M.D., Atlanta, Ga., Chairman; E. F. Cook, M.D., St. Joseph, Mo.; Rosa B. Gates, Waco, Texas.

Committee on Grievances—W. E. Daniels, M.D., Madison, S. D., Chairman; J. C. Entz, M.D., Hope, Kansas; Frank P. Davis, M.D., Enid, Okla.; F. B. Crowell, M.D., Lawrence, Mich.; W. F. Smith, M.D., Huntington, Ind.

Conference with Homeopaths—G. W. Thompson, M.D., New York; R. L. Thomas, M.D., Cincinnati; J. P. Harville, M.D., Nashville; J. K. Scudder, M.D., Cincinnati; A. F. Stephens, M.D., St. Louis.

JOIN THE A. M. A.

The following has come to our notice and will be read with interest by those of our readers who have been inveigled into joining the A. M. A. under, no matter what pretense, as well as those of our school who have been on the verge of succumbing to the siren song of a united profession to get them—not into the A. M. A. so much as to get them away from a Homeopathic or Eclectic organization.

January 3, 1912.

To the Officers of the Adams County Medical Society:

I hereby make charge that Dr. W. W. Keith and Dr. Amy Robinson, members of the Adams County Medical Society, are each professing to practice sectarian medicine and are each maintaining and continuing to maintain membership in the Nebraska Eclectic Society or Medical Association, which is a sectarian society, and to hold membership therein by any member of the Adams County Medical Society is in direct violation of the promise and conditions made by the said W. W. Keith and Amy Robinson, when they were received as members of the Adams County Medical Society.

I ask that these charges be received, placed on file, and be acted upon, as provided for in Section 7 of the By-Laws of the society.

E. A. Weir.

We learn that these charges were made to injure the doctors' standing with the State Society, the profession at large and the public in general. The local tool of the A. M. A. has diligently prosecuted on every occasion the Eclectic profession, as is characteristic of all the servants of the great octopus.

The fact of the matter is,—we know this to be true in the case of Dr. Robinson, that there never was any such condition imposed as to promising to practice non-sectarian medicine.

The doctor, in her reply, hit the proper sore place of the allopathic school when she said: "I would prefer to save the life or health of a patient, when possible, by Eclectic remedies, than to confine myself to so-called non-sectarian treatment to the detriment of the patient."

This case well illustrates our contention, namely, that the allopathic school is using every endeavor to inveigle our physicians into their organizations, not because they want them, not because of any fraternal spirit, but because by so doing they weaken our own organizations and, having done this, they promptly bring charges, or, in some way, ostracise them and kick them out. Nor are their methods above suspicion. We have received invitations to join where there was nothing said as to sectarian medicine, as was evidently the case in this instance, but the old blue law is on the statute books and can be conveniently resurrected at any time.

Our profession and our societies have been always tolerant, we have welcomed members of any society of any school of medicine, with the feeling

that by coming with us they would see the benefits of our system of medicine, and many of them have done this and become strong friends and practitioners of Homeopathy. However, we believe that those of our school who join the A. M. A. to be popular and in the swim and for revenue only, should be promptly dropped from our societies.—*Medical Century.*

New Applications to the National: The following applications have been received from August 18 to November 18, 1912:

Arkansas—West, J. B., Greenbrier.

California—Gibson, Wm. S., Los Angeles.

Oklahoma—Amos, C. L., May; Seashuktz, G. W., Oklahoma City.

Michigan—Couch, W. J., 39 Lincoln, Ave., Detroit.

Missouri—Wolford, George B., Kansas City; Lowrey, Jos., 3938 Mercer St., Kansas City.

Texas—Keely, J. C., Stratford.

Arkansas.

Dr. Cecil E. Spann has moved to Calico Rock.

California.

A physicians' club has been organized at Long Beach. It is a sort of interdenominational affair, composed of Regulars, Homeopaths and Eclectics. The officers are: Dr. E. R. Freeman, president; Dr. T. L. Rogers, secretary-treasurer. Social meetings will be held monthly.

The July meeting of the Los Angeles County Eclectic Medical Society was held July 2. The essay for the evening was "Practical Application of the Roentgen Rays," by Dr. A. O. Conrad. Dr. H. C. Smith made a report on the "Primer of Hygiene," used in the California public schools. The August meeting of the Society was held on the 6th at the College. The essayist was Dr. H. C. Smith. At the September meeting the essayist was Dr. A. P. Baird; subject, "Acute Anterior Poliomyelitis."

Jessie G. Forrester, M.D., formerly of Illinois, is now living at 427 Cherry Street, Ocean Park.

Dr. E. H. Mercer has changed his address from 1300 Golden Gate Avenue to 111 Ellis Street, San Francisco.

Dr. H. V. Brown has removed from 1954½ East First Street to the corner of Stephenson and Euclid Avenue, Los Angeles.

Dr. T. D. Hall has removed to 707 Broadway, Oakland; Dr. H. T. Webster to 2826 Myrtle Street, Oakland.

The Westlake Hospital is planned to be erected in Los Angeles at a cost of $200,000. The first wing, which is at present under construction, will be four floors in height and eighty-four by thirty-six feet, of brick, fireproof construction and will contain twenty-two rooms for patients. Dr. O. C. Welbourn is president of the corporation and Dr. C. H. Erwin secretary.

Colorado.

Dr. P. L. Moore has removed to 1915 Ogden Street, Denver.

Georgia.

After an exciting contest the A. M. A. was defeated in its efforts to obtain a composite board of examiners in this State by a vote of 83 to 41. The proposed board was to consist of five Allopaths, two Homeopaths and two Eclectics, thus giving them a clear majority on ballot. It is strange that the dominant school can not be even fair in their efforts toward legislation. They are often more intolerant than were the religious zealots in the past. Honest, tolerant or fair legislation, having for its object the elevation of mankind physically, morally or mentally, meet with no opposition. It is greed and rapacity that engenders opposition and strife.

The Georgia College reports the largest freshman class in many years. The opening was held September 19.

Illinois.

Dr. Charles H. Hulick has removed to Shelbyville.

In a suit brought by the Illinois State Board of Health against L. G. Brown, Quincy, a so-called chiropractor, for practicing medicine without a license, the jury found the defendant guilty, August 15, and he was fined $100 and costs.

A suit was commenced on August 16, in the Superior Court of Cook County, by Vito Dojno, a graduate of the University of Rome, Italy, who charges that the State Board of Health did not translate his examination papers properly. Dojno took the examination in Italian and failed to obtain the necessary mark. The State Board holds that the translation was correct and that Dojno is not entitled to practice.

Dr. James A. Egan, secretary of the State Board of Health, has summoned Dr. Seth M. Wells, of Quincy, to a hearing October 15, at which Dr. Wells will be given opportunity to show why his license should not be revoked for unprofessional and dishonorable conduct, the particular charges being fraudulent representations in newspaper advertisements; and, further, that his license in Illinois was fraudulently obtained, since he was a fugitive from justice of the State of Utah at the time the license was issued.

Dr. G. C. Couch has removed from Friendsville to Mt. Carmel.

Indiana.

Dr. M. S. Canfield, of Frankfort, received notification of his appointment as local surgeon for the new Kokomo, Frankfort & Western Traction Company.

O. T. Brazelton, M.D., is located at Princeton.

C. E. Munk, M.D., has temporarily located at Kendallville.

O. I. Hetsler, M.D., has removed from Bloomville to Elkhart.

J. H. Jones, M.D., has changed his address from Marshall to Jonesville.

Dr. P. R. Tindall has removed to Kendallville.

Dr. A. P. Hauss, New Albany, was stricken with paralysis September 27. At last reports he was improving.

Iowa.

At the annual meeting of the State Board of Health and State Board of Medical Examiners, held in Des Moines, Dr. Albert De Bey, Orange City,

was elected president of the State Board of Health; Dr. T. U. McManus, Waterloo, president of the State Board of Medical Examiners, and Dr. G. H. Sumner, Des Moines, was re-elected secretary of both boards.

Kentucky.

The Kentucky State Board of Health passed seventy candidates for licensure out of seventy-seven who applied for permission to take the examinations. Dr. J. N. McCormack, secretary of the board, declared that the class of men who took the examinations this year was the best that has ever appeared before the State Board of Health. In years past, he said, it was seldom more than 40 or 50 per cent. of the applicants passed examinations. In view of the fact that seventy out of seventy-seven succeeded this year, he declared that it is evident that the qualifications of physicians are growing better each year.

Dr. Thomas Slayden has removed from Tennessee to Fulton, Ky.

Thomas A. Pease, E. M. C. 1912, has located at Cunningham.

The sixth annual meeting of the Eastern division of the Kentucky Eclectic Medical Association was held at Ashland, October 21. Interesting papers were read and a banquet held at the Ventura Hotel in the evening.

Louisiana.

Dr. A. B. Brown, secretary of the Louisiana State Board of Medical Examiners, announces that an amendment has recently been secured through the medical practice act, increasing the fee for license examinations from $10 to $25. This increase is said to have been necessary in order properly to provide for the expenses of the board.

Massachusetts.

The Boston District Eclectic Medical Society held its first meeting for the fall and winter of 1912 on Monday evening, September 30, at the Hotel Lenox.

Maryland.

Maryland medical and dental college entrance is now in the hands of the State Board. An examination will be held at the hall of the State Medical Society, September 12-14, in charge of Mr. Isaac L. Otis, of the department of civics and history of the Polytechnic Institute. Those who can show evidence of a four-year high school course will be exempt from this examination for entrance to the medical schools, and those who show a three-year course will be exempt from examination for entrance to dental schools.

Michigan.

It is reported from reliable official sources that the Detroit Homeopathic College has voluntarily become extinct.

F. B. Crowell, M.D., having resigned the presidency of the State Society, is succeeded by Nelson McLaughlin, M.D., of Lake Odessa.

Missouri.

C. B. Dean, M.D., has removed from Belton to Raymore.

The Missouri Society have a "Propagation Committee of Ten." They mean business and anticipate "doing things" during the coming year.

Dr. A. Heinzelmann has removed from Atchison, Kas., to 1233 Grand Avenue, Kansas City, Mo.

C. D. Short, M.D., has removed from Rockville to Appleton.

W. R. Harman, M.D., has removed from Hermann to Bellflower.

S. F. Freeman has removed from Elwood to Rooms 27-28 Crank's Building, Springfield.

E. P. Whitford has removed from Westboro to Hollester and is confining his practice to the eye and ear.

New York.

The New York State Board of Regents has barred the graduates of twenty-two medical colleges of the United States and Canada from practicing in the State, unless they shall comply with the State Board's requirements. The institutions are as follows: Oakland College of Medicine and Surgery, Oakland, Cal.; Medical Department, Howard University, Washington, D.C.; Chicago College of Medicine and Surgery, Chicago, Ill.; Valparaiso University Medical Department, Valparaiso, Ind.; Hahnemann Medical College of Chicago; College of Physicians and Surgeons, Chicago; College of Homeopathic Medicine, State University of Iowa; College of Medicine, State University of Iowa; Kansas Medical College, Department of Washburn College, Topeka, Kan.; College of Physicians and Surgeons, Baltimore; School of Medicine, Boston University; Medical Department, Creighton University, Omaha; Dartmouth Medical School, Hanover, N.H.; Cleveland-Pulte Medical College, Cleveland, O.; College of Medicine, University of Tennessee, Memphis, Tenn.; Medical Department, Vanderbilt University, Nashville, Tenn.; Milwaukee Medical College, Department of Marquette University, Milwaukee, Wis.; Wisconsin College of Physicians and Surgeons, Carroll College, Milwaukee, Wis.; Manitoba Medical College, Winnipeg; Faculty of Medicine, Dalhousie University, Halifax, N.S.; Faculty of Medicine, University of Toronto, Canada; Faculty of Medicine, McGill University, Montreal, Quebec.

The monthly meeting of the Eclectic Medical Society of the City and County of New York was held Thursday evening, September 19. The essayist for the evening was Dr. O. A. Hyde; subject, "Ventro-Fixation."

The State Department of Health has undertaken a State-wide campaign of education among women and girls on the subject of sex hygiene. The work is to be done by means of lectures, circulars and exhibits, and will be carried on in co-operation with other organizations, as the Women's Christian Temperance Union, Association of Women's Clubs, etc. It is proposed to reach girls working in industrial establishments. The New York State Cancer Laboratory will co-operate in the teaching of the means of prevention and necessity for early skilled treatment of cancer. In order to carry on this work the Commissioner of Health has appointed a staff of women, selected from different cities throughout the State, to deliver lectures.

The Babies' Welfare Association reports that for the first two weeks in July it registered 15,000 babies at the ninety milk stations which it conducts in New York City and that there had not been a single death among these babies. It is estimated that there are 250,000 babies in the city and during the week ending July 13 there were 307 deaths of babies under the age of one year. This was a rate of 122.9 per thousand as compared with a rate of 149 for the corresponding week of last year.

Dr. Grover C. Glenn has opened offices at 81 Main Street, Salamanca.

Dr. Charles B. Graf has removed to 1370 Lexington Avenue.

It is reported that the New York Regents, at a meeting held August 29,

voted that, afer January 1, 1913, an applicant for a medical student certificate, qualifying for admission to a medical school, must have completed a year's study in physics, biology and inorganic chemistry.

A joint meeting of the Kings County Eclectic Medical Society and the Brooklyn Therapeutic Society was held Tuesday, September 24. The essayists for the evening were Drs. H. Harris and L. Lanzer.

Ohio.

The Lloyd Library of Cincinnati has issued (October, 1912) Nos. 7-8 of the quarterly "Bibliographical Contributions from the Lloyd Library." This issue contains a "Bibliography relating to the Floras of Arctic Regions, Iceland, Scandinavia, Denmark, Norway, Sweden, Russia, Finland, Lapland, Russian Poland and Caucasia, embracing Botanical Section Q of the Lloyd Library." At the time of the issuance of this section of the catalogue the library contained 37,081 books. This catalogue section—Section Q—is remarkably full, and a very large proportion of the volumes listed can be found on the shelves of the library. This piece of cataloging has been very well done under the direction of Miss Edith Wycoff. It contains as an appendix a list of the "Publications issued by the Lloyd Library," of the "Bibliographical Contributions from the Lloyd Library," and of the "Mycological Writings of Mr. C. G. Lloyd."

W. F. Carson, M.D., has removed from Berlin Centre to 440 Arch Ave., Alliance.

Dr. P. E. McKinney has removed from Paintersville to Mowrystown.

The Dayton Medical Society held its monthly meeting at the Y.M.C.A. trustee room, October 11. Drs. Scudder and Thomas, of Cincinnati, were the guests for the evening.

W. P. Brown has located at Bethel, E. T. Skeels at Akron, D. J. King at Helena and A. E. King at Mt. Cory.

The Southwestern Ohio Eclectic Medical Society held a basket picnic at the Terrace Park Country Club, August 21. Bathing, base ball, basket ball and other amusements were indulged in and a happy time reported.

The *State Journal*, of Columbus, evidently speaking with authority, says: "At the meeting of the State Board of Health in Cincinnati, August 15, action may be taken to make more effective the work of the board and voluntary associations in fighting tuberculosis. The plan under consideration, according to Dr. Frank Warner, of Columbus, president of the board, is the adoption of an order requiring physicians to report all cases of tuberculosis as they are now required to report smallpox. Such an order was asked for a few months ago by the Ohio Society for the Prevention of Tuberculosis, but has never been acted upon. Dr. Warner said that the Ohio laws give the board ample authority to make tuberculosis a reportable disease. As part of the new work contemplated, the board expects to send out directions to families in which there is a tubercular patient, instructing how spread of the disease may be prevented. Another formal health regulation which the board may adopt and when adopted would have the effect and force of a State law, is an order requiring disinfection of every house or apartment vacated after it has been occupied by a person suffering from tuberculosis. If adopted by the board as a requirement, physicians might be imprisoned for failure to make a report on tubercular cases. The penalty for first offense would be a fine not to exceed $100, and for the second the fine or imprisonment not to exceed ninety days, or both. The action contemplated is conceded to be of far-reaching effect and would give added impetus to the warfare carried on against tuberculosis. 'We consider this the first real step toward solving the tuberculosis problem in the State,' said Robert G. Paterson, Ph.D., executive secretary of the Ohio Society for the Prevention of Tuberculosis.

'Compulsory notification of this disease is absolutely essential as the basis for any plan to control and stamp out tuberculosis. It must be our aim, not merely to treat individual patients, but to trace them to their homes, to get at the tuberculous nests, to clear these out, and so prevent the further spread of infection. This we cannot do, unless we know where to look for the sources of infection. Notification will enable us to get a clear understanding of the size of our problem. We can then make our forces effective in fighting the disease intelligently.' "

Further educational prestige has been brought to Cleveland in the absorption of the Detroit Homeopathic College by the Cleveland-Pulte Medical College. Dr. George H. Quay, president of Cleveland-Pulte, consummated the negotiations and removal will be made immediately, in readiness for the opening term October 1.

Prof. J. U. Lloyd was appointed, September 13, a member of Ohio's Panama Exposition Commission by Governor Harmon.

R. W. Simmons is located at Seventh and John Streets, Cincinnati.

Dr. T. L. Fuller has been appointed resident surgeon at the Flower Homeopathic Hospital, New York City.

Byron C. Jones will serve one year as resident interne at Givens Sanitarium, Stamford, Conn.

Dr. Silas Schiller, of Youngstown, O., has been appointed by Governor Harmon to the vacancy on the Ohio Medical Board for a period of seven years. He is a graduate of the Eclectic Medical College, class of 1870, and has been in general practice at Youngstown for more than a quarter of a century. Dr. Joseph M. Stephenson, of Chillicothe, whose term had expired, was a graduate of the Physio-Medical school at Indianapolis. This practically eliminates official recognition of that school in Ohio, and places the ratio of representation on the Board as it was five years ago—three Regulars, two Homeopaths and two Eclectics.

THE ECLECTIC MEDICAL COLLEGE.—The sixty-eighth annual session of the Eclectic Medical College began September 12, 1912, and will continue eight months. The enrollment is slightly larger than last year, but the average of educational qualifications of the matriculates is considerably higher each year. The Ohio State Board medical student's certificate can still be secured on the basis of a first-grade high school diploma, or its equivalent of fifteen units. The following additions to the faculty have recently been made: J. Albert True, B.S., M.D., to the chair of Physiology; A. W. Nelson, M.D., Genito-Urinary Diseases and Dermatology; C. W. Tidball, M.D., Hygiene and Sanitation; F. A. S. Kautz, M.D., Clinical Obstetrics. The "Living Alumni Endowment Fund" now amounts to $20,-543.00, and the annual pledges of ten dollars each are coming in rapidly. There ought to be no difficulty in raising this amount to over $50,000, which will produce an annual income of over $2,500, which is needed, over and above the tuition fees, for the proper conduct of the college. Alumni are requested to send their pledge and remittance of $10 to the secretary, Dr. J. K. Scudder, 630 W. Sixth Street, Cincinnati, Ohio.

Oregon.

J. E. Shearer, M.D., has removed from Medford to Glendale.

Pennsylvania.

O. E. Townsend will locate at Pittsburg.

The State Medical Board announces that 30 per cent. of the medical

school graduates who underwent examination by the body last June failed to pass and were denied the right to practice in this State. The Board recently revised its system of examination and the results showed even a greater need of advancing the five-year medical course, with probationary practice in hospitals, demonstrative examinations and the elimination of low standard colleges.

Dr. Byron C. Jones, of E. M. C. '12, and C. Glenn, of New York '12, have passed the Pennsylvania Board.

Texas.

M. A. Cooper has removed from Leakey to Childress.

South Dakota.

Dr. D. D. Raber has removed from Scenic to Buffalo.

The governor has appointed as members of the State Board of Medical Examiners, Drs. L. G. Hill, Watertown; F. W. Fryberg, Mitchell; and Frank S. Howe, Deadwood. Dr. W. E. Daniels, Madison, has been appointed a member to fill the vacancy caused by the expiration of term of Dr. S. H. Graves, Hurley.

Vermont.

Dr. W. Scott Nay, secretary of the Vermont State Board of Medical Registration, writes that the Board unanimously adopted a resolution that after July 1, 1916, no applicant shall be admitted to examination for license to practice unless he has completed a year's work in a college of liberal arts in the study of physics, chemistry and biology. This is the eleventh State which has adopted this higher requirement of preliminary education.

Washington.

At the annual meeting of the Washington State Board of Medical Examiners, held in Tacoma July 6, the following officers were elected: President, Dr. H. R. Keylor, Walla Walla; vice-president, Dr. A. Macrae Smith, Bellingham; secretary, Dr. F. P. Witter, Spokane, and treasurer, Dr. W. T. Thomas, Tacoma. The next session will be held in Spokane, June 7, 1913.

West Virginia.

The State Board of Health of West Virginia held an examination for applicants for licensure at Charleston on July 8. The number of applicants were forty-eight, of whom four were colored, but contrary to the customs of former years women were absent from the ranks of the applicants.

Wisconsin.

Dr. J. M. Dodd, Ashland, has been appointed a member of the State Board of Medical Examiners, vice Dr. F. Gregory Connell, Oshkosh, resigned.

Dr. W. L. Thompson, Milwaukee, has been elected president of the State Board of Medical Examiners, and Dr. J. M. Beffel, Milwaukee, has been re-elected secretary.

Dr. Charles H. Stoddard, Milwaukee, has been appointed a member of the State Board of Health, vice Dr. Joseph Barber, Marathon, resigned.

Miscellaneous.

The House of Representatives on August 10, and the Senate on August 13, passed the Public Health Service Bill, which, in one form or another, has been before Congress for several years. The bill as passed is as follows:

"An act to change the name of the Public Health and Marine Hospital Service to the Public Health Service, to increase the pay of officers of said service, and for other purposes.

"That the Public Health and Marine Hospital Service of the United States shall hereafter be known and designated as the Public Health Service, and all laws pertaining to the Public Health and Marine Hospital Service of the United States shall hereafter apply to the Public Health Service, and all regulations now in force, made in accordance with the law for the Public Health and Marine Hospital Service of the United States, shall apply to and remain in force as regulations of and for the Public Health Service until changed or rescinded. The Public Health Service may study and investigate the disease of man and conditions influencing the propagation and spread thereof, including sanitation and sewage and the pollution either directly or indirectly of the navigable streams and lakes of the United States, and it may from time to time issue information in the form of publications for the use of the public.

Sec. 2. That beginning with the 1st of October next after the passage of this act the salaries of the commissioned medical officers of the Public Health Service shall be at the following rates per annum: Surgeon-general, $6,000; assistant surgeon-general, $4,000; senior surgeon, of which there shall be ten in number on active duty, $3,500; surgeon, $3,000; passed assistant surgeon, $2,400; assistant surgeon, $2,000; and the said officers, excepting the surgeon-general, shall receive an additional compensation of 10 per cent. of the annual salary as above set forth for each five years' service, but not to exceed in all 40 per cent.; provided, that the total salary, including the longevity increase, shall not exceed the following rates: Assistant surgeon-general, $5,000; senior surgeon, $4,500; surgeon, $4,000; provided, further, that there may be employed in the Public Health Service such help as may be provided for from time to time by Congress."

As will be noticed, the bill provides for the simplification of the name, the broadening of the functions of the service, and an increase in pay for its officers.

Wassermann has proposed a cancer remedy composed of a combination of selenium and eosine; it is being much discussed abroad.

The National Cash Register Company, Dayton, has added an innovation in welfare work for women employees. Last year it undertook the preparation of a lecture on the "Venereal Peril" illustrated by lantern slides and kinemacolor motion pictures of hospital cases. This lecture has been given before several medical societies and by invitation of the American Medical Association was given several times during the Atlantic City session. Thus far the lecture has been given to about 800 of the 5,000 men employees of the National Cash Register Company. Last month in response to a request from a committee of women employees, the company had a series of lectures given its 700 women employees on "The Physiology and Hygiene of Sex and the Social Diseases." Four lectures and two conferences were given by Dr. Elnora C. Folkmar, of Washington, D. C. The subjects dis-

cussed were: (1) "Reproduction in Plants, Fishes and Frogs;" (2) "Reproduction in Insects, Birds, Mammals, Man;" (3) "The Hygiene of Adolescence," and (4) "Social Diseases." The conferences were given to answer more than 300 questions that had been handed in by the women at the close of the fourth lecture. All the lectures were illustrated by lantern slides and moving pictures. The slides for the first three lectures (250) were prepared from illustrations selected by Dr. Folkmar especially for this course. The slides used for the lecture on "Social Diseases" were selected from those prepared for the lecture on "The Venereal Peril." The motion pictures showed the development of the frog from an egg, the development of the chick from an egg, and the ravages of the spirochæta pallida. This sort of educational work is unique among industrial institutions and demonstrates the interest which this manufacturing concern takes in its employees. Each of the 700 women employees was allowed one and one-half hours working time for six successive days to attend these lectures which were furnished at the company's expense.

Here is a practical demonstration of what proper sanitary conditions and energetic observance of the laws of hygiene will do for a people. When the United States took possession of Porto Rico the death rate was 42 per 1,000. Owing to the diligence and energy of Uncle Sam's medical corps the death rate has been reduced to slightly less than 11 per 1,000. Porto Rico has about 300,000 inhabitants, which means that under the old conditions about 12,600 men, women or children died annually. Under the new conditions the number of deaths is about 3,300. That is modern methods and American authority are saving about 9,300 lives annually in this one island. That is a record that any nation has a right to be proud of.

(This record is the work of the Public Health and Marine Hospital Service. Why a Department of Health?—Ed.)

Dr. George N. Converse, of the Public Health and Marine Hospital Service, the man who made the buildings of San Francisco "rat proof" and was instrumental in routing the plague which infested the city in 1907, is on his way to Peru, where he has a contract with the government to undertake the sanitation of Iquitoes on the Amazon River. He will have $1,000,000 to spend in making the historic city sanitary.

Robert T. Morris, of New York, recommends the following as treatment for "ivy poison." As soon as the symptoms of itching and redness appear, wash the spots thoroughly with green soap and a brush, followed with thorough washing with 98 per cent. grain alcohol. He says that one treatment when used early cures the condition almost immediately. Dr. Morris writes this from personal experience after having been an annual sufferer for years. Having tried it on a number of cases besides his personal experience, he found the above treatment to afford the most rapid and perfect results obtained from any remedy he has ever tried.—*Journal A. M. A.*

Medical Review of Reviews (July 12) contains the following: "As soon as signs of ivy poisoning appear wash very thoroughly with warm water

and soap, then with bicarbonate of soda, 1 or 2 per cent. solution. Follow with several washings of 2 to 4 per cent. permanganate of potash solution. Relief from itching is almost immediate and cure rapid."

Startling figures regarding the sale and use of secret proprietary medicines and appliances have been given in the testimony of Dr. Alfred Cox, secretary of the British Medical Association, before the select committee of the House of Commons, which is inquiring into the patent medicine traffic. Dr. Cox stated that the gravest examples of the injury being done in England by extensively advertised medicines and appliances were found among people suffering from consumption and cancer. He testified that in numerous cases of these maladies worthless remedies were tried in the early stages of the disease, and when eventually a physician or surgeon was called in he was too late to be of any service. Frauds on the public, the witness testified, were perpetrated in connection with proprietary medicines and appliances by the use of grossly exaggerated statements concerning their alleged curative properties and false statements as to drugs used. Some of the apparatus and articles advertised were frauds pure and simple. It was estimated in the year 1908 no less than $12,500,000, a sum sufficient to maintain 40,000 hospital beds, was spent in Great Britain on patent medicines. Among the suggestions made by the associations for the control of the evil was one based on the American pure foods and drugs act, which provides that the amount and kind of drugs used in a patent preparation must be specified on the label.—*Lancet-Clinic.*

Cleaning Up a City.—The Department of Health and Street Cleaning, the Charity Organization and the Boy Scouts have begun a week's campaign in cleaning up streets, cellars and back yards throughout the city. The idea of such a campaign had its inception with James Jenkins, Jr., secretary of the Brooklyn Tenement House and Tuberculosis Prevention Committee, who had tried the plan in an Italian colony in Brooklyn, where it met with such success that it has seemed worth while extending the work.

Teaching Tuberculous Children on Hospital Roof.—The elementary schools committee voted to have a school room on the roof of the Long Island College Hospital for tuberculous children. Forty boys and girls will make up the class to start with; food and clothing will be furnished them so that they can endure the severest weather. Roosevelt Hospital expects to offer the use of its roof for a class of this description. Five other roof classes will be established in Brooklyn this fall. This will be the first instance in which a public school has been joined to a hospital so that the children may receive medical attention every day.

To Stimulate Defective Children.—William H. Maxwell, superintendent of schools, has decided to ask the Board of Education to sanction an experiment in electrifying a school room for the purpose of stimulating mentally defective children. The plan used will be that of Nikola Tesla, who has tried the plan in Stockholm. The electrical apparatus is installed

in the walls of the room and is so hidden that neither the children nor the teacher are aware of its presence. In order to test the efficiency of this plan, about fifty deficient children will be instructed in an electrified room, while the same number of defective children will be used as controls.

MARRIAGES.

Olive Evangeline Swickard Holliger to Fred. Browne Grosvenor, July 31, 1912, at Columbus, Ohio.

June 2, 1912, Ruth Waldman to Dr. Hyman Feld.

June 22, 1912, Miss Sadie Carsch to Dr. Samuel Messinger.

October 16, at Edgerton, Ohio, Dr. George R. Curl to Miss Hortense Gillis.

At Fremont, Ohio, September 18, Dr. Grover C. Aurand to Miss Mary E. Slessman.

OBITUARIES.

Babcock, Isaac L., Bennett College of Eclectic Medicine and Surgery, Chicago, 1881, at his home in Rochester, Ind., August 19.

Bellamy, Peter F., Memphis, 1857, at Oakwood, Tenn., April 12, aged seventy-six.

Bishoff, Christian N., Eclectic Medical College of Pennsylvania, Philadelphia, 1871, at his home near Endora, Kansas, September 23, aged seventy-four.

Calloway, George L., Eclectic Medical Institute, Cincinnati, 1892, at his home in Osgood, Mo., September 2, 1912, aged thirty-nine.

Clark, Ira W., Eclectic Medical College, Cincinnati, 1880, at his home in Winfield, Kansas, July 10, aged fifty-five.

Downs, Charles W., Bennett, 1888, at Evanston, Ill., June 2, aged fifty-four.

Fisk, F. H., Eclectic Medical Institute, Cincinnati, 1857, at his home in Nashville, Tenn., September 13, aged seventy-six.

Filmer, Olive F., California Eclectic Medical College, Los Angeles, 1896, at her home in San Francisco, August 4.

Freeman, Edwin Ricker, Eclectic Medical Institute, Cincinnati, 1889, at Cincinnati, July 26, aged forty-six. Deceased was professor of dermatology in his alma mater.

Fulkerson, Richard M., Eclectic Medical Institute, Cincinnati, 1870, at his home in Mounds, Ill., August 11, aged seventy-three.

Gardner, Robert Drakely, Eclectic Medical Institute, Cincinnati, 1885, at his home in Leon, Iowa, September 13, aged eighty-six.

Gellman, M. J., Eclectic Medical College, Chicago, 1886, at his home in Florence, Kansas, July, 1912.

Humblin, J. Merritt, American Medical College, St. Louis, 1875, of Shenandoah, Iowa, at Burlington Junction, July 21, aged sixty-one.

Hightower, Raleigh H., Southern College of Eclectic Medicine and Surgery, Atlanta, Ga., 1890, at his home in White House, September 8, 1912, aged seventy-three.

Johnson, Benj. F., Eclectic Medical Institute, Cincinnati, 1883, at Chicago, Ill., April 26, aged fifty-four.

Manley, William C., American Medical College, St. Louis, 1879, at his home in Franklin, Ill., September 11, aged sixty-three.

Marshall, Dyer Morgan, Eclectic Medical College of the City of New York, 1891, at his home in Forestport, N. Y., aged fifty-four.

Matthews, J. W., St. Louis, 1875, at his home at Liberty, Mo., May 5, aged eightly-seven.

Mitchell, William, Eclectic Medical Institute, Cincinnati, 1881, at his home in Marietta, O., September 2, aged sixty-one.

Moore, William W., Eclectic Medical Institute, Cincinnati, 1861, at his home in Summit, Miss., July 18, aged seventy-four.

Reynolds, John H., Eclectic Medical Institute, Cincinnati, 1876, at his home in Lawrenceville, Ohio, September 27, aged sixty-five.

Rich, George David, American Medical College, St. Louis, 1897, at Petaluma, Cal., August 15, aged forty-one.

Ritter, W. L., Eclectic Medical College, 1912, at his home in Jerseyshore, Pa., October 11.

Rose, Charles H., Eclectic Medical College of Philadelphia, 1885, at the home of his daughter in Centreville, Md., August 23, aged seventy-eight.

Silvernail, Lewis C., Eclectic Medical College of Pennsylvania, Philadelphia, 1861, at his home in Binghamton, N. Y., September 21, aged seventy-eight.

Stewart, Lewis C., Indianapolis, 1886, at Muncie, Ind., June 12, aged fifty-two.

True, H. L., Eclectic Medican Institute, Cincinnati, 1871, of McConnellsville, Ohio, at Columbus, Ohio, October 22, 1912.

Watson, Lewis H., Eclectical Medical Institute, Cincinnati, 1867, at Chicago, August 13, aged seventy.

Wood, William E., Eclectic Medical Institute, Cincinnati, 1891, at his home in St. Louis, July 23, aged forty-nine.

BOOK REVIEWS.

DISEASES OF THE STOMACH, INTESTINES, AND PANCREAS. The new (2nd) edition, enlarged. Diseases of the stomach, intestines and pancreas. By Robert Coleman Kemp, M.D., Professor of gastro-intestinal diseases, New York School of Clinical Medicine. Second edition, revised and enlarged. Octavo of 1021 pages, with 388 illustrations. Philadelphia and London; W. B. Saunders Company, 1912. Cloth, $6.50 net; half morrocco, $8.00 net.

Diseases of the digestive organs are of interest and often difficult to diagnose. We have seen many errors made in diagnosis where gastric

symptoms were prominent. A correct diagnosis calls for exact methods and the book before us amplifies these methods and draws deductions therefrom. Not only does the author treat of diseases of the stomach, but a chapter is devoted to the consideration of "Stomach Functions in Diseases of Other Organs," a very important as well as interesting chapter, a study of which will enable one to determine more accurately his observations. Diseases of the intestines follow in the classification of which we find typhoid fever, paratyphoid fever and Brill's disease.

Part IV. is devoted to "Diseases of the Pancreas," and consists of nine chapters, to this portion we would call particular attention. We have read this entire portion with interest and profit.

We commend this, one of the latest works on "Diseases of the Digestive Organs," to all who desire to perfect their knowledge of the most intricate as well as frequent sources of discomfort. Diseases of the digestive organs constitute a specialty, and one that requires acumen and diagnostic ability. To those who would increase their knowledge we would commend the study of this book. M.

BOOKS AND PAMPHLETS.

"New England Medical Gazette," September, 1912. Special psychiatry number, Westborough State Hospital papers, series 1, is a number well worth reading. It contains over 200 pages and is well illustrated. Price $1.00.

"Catalogue of Medical and Surgical Works" published in the United States by Saunders & Co.

"The Control of Typhoid in the Army by Vaccinations," by Maj. F. F. Russell, M.D., U. S. A.

"The New Operation for Extraction of Cataract" after the method of Lt. Col. Henry Smith, Amritsar, India, by Andrew Timberman, A.B., M.D., Columbus, Ohio.

"Adenoids," by Geo. C. Schaeffer, M.D., Columbus, Ohio.

"Our Social and Moral Scourge," by Benj. L. W. Floyd, M.D., Evansville, Ind.

POSTAL REGULATIONS.

In accordance with the provisions of Section 467½ of the Postal Laws and Regulations, the following statement is made for the NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY:

Editor—William Nelson Mundy, M.D., Forest, Ohio.
Business Manager—John K. Scudder, M.D., Cincinnati, Ohio.
Publishers—The National Eclectic Medical Association (incorporated), 630 W. Sixth Street, Cincinnati, Ohio.
Owners—Same.

This is a scientific medical publication belonging to this society. Known bond holders, mortgagees and other security holders—none.

(Signed) JOHN K. SCUDDER, M.D.,
Business Manager for the Association.

Sworn to and subscribed before me this 7th day of October, 1912.
LIPMAN LEVY, Notary Public.

SOCIETY CALENDAR.

1. National Eclectic Medical Association.—President, F. L. Wilmeth, Lincoln, Neb.; Secretary, Wm. P. Best, Indianapolis, Ind. Dallas, Tex., June, 1913.
2. Albany and Saratoga District Medical Society.
3. American Eclectic Materia Medica Association.—President, S. A. Abbott, Taunton, Mass.; Secretary, A. W. Smith, Berwyn, Ill.
4. Arkansas Eclectic Medical Society.—President, R. M. Jernigan, Fitzhugh; Secretary, E. M. Rockwood, Ft. Smith.
5. Atlanta Eclectic Medical Society.—President, J. R. Duvall.
6. Boston District Eclectic Medical Association.—President, W. Clark; Secretary, Pitts Edwin Howes. Monthly, excepting July and August.
7. Brooklyn Therapeutic Society.—Secretary, A. B. Wolf, Brooklyn. Quarterly.
8. California Eclectic Medical Society.—President, A. Florence Temple, San Francisco; Secretary, H. Ford Scudder, Redlands. San Francisco, May, 1913.
9. Central New York Eclectic Medical Society.
10. Chicago Eclectic Medical and Surgical Society. Monthly.
11. Colorado Eclectic Medical Society.—President, J. A. Dungan, Greeley; Secretary, Geo. H. Candlin, Eaton. May, 1913.
12. Connecticut Eclectic Medical Society.—President, James E. Hair, Bridgeport; Secretary, T. S. Hodge, Torrington. Semiannually. Second Tuesday, October, 1912.
13. Dayton Eclectic Medical Society.—President, J. F. Wuist, Dayton; Secretary, C. D. Bayless, Dayton. Third Friday of each month.
14. Eclectic Medical Society of the City and County of New York.—President, H. Harris; Secretary, M. B. McDermott. Third Thursday of each month.
15. Florida Eclectic Medical Association.
16. Fort Wayne Eclectic Medical Society.—President, G. A. Barry; Secretary, J. E. Morris. Monthly.
17. Georgia Eclectic Medical Association.—President, L. S. Young, Moreland; Secretary, G. W. D. Patterson, Atlanta. Atlanta, 1913.
18. Illinois Eclectic Medical Association.—President, W. E. Kinnett, Peoria; Secretary, Finley Ellingwood, Chicago. May, 1913.
19. Indiana Eclectic Medical Association.—President, W. F. Simth, Huntington; Secretary, J. D. McCann, Monticello. Indianapolis, 1913.
20. Iowa Eclectic Medical Society.—President, L. E. Eslick, Rockwell City; Secretary, B. C. Minkler, Des Moines. Des Moines, May, 1913.
21. Kansas Eclectic Medical Association.—President, G. H. Smith, Kansas City; Secretary, O. C. Baird, Chanute. Kansas City.
22. Kansas City Society. Semi-monthly.
23. Kentucky Eclectic Medical Society.—President, M. W. Meadows, Fullerton; Secretary, Lee Strouse, Covington. Louisville, 1913.
24. Kentucky Central Auxiliary.—President, J. W. Wells, Vanceburg; Secretary, T. A. Evans, Farmers. Richmond, November, 1912.
25. Kentucky Eastern Auxiliary.—President, D. E. Morgan, Maysville; Secretary, M. W. Meadows, Fullerton. Ashland, October 22, 1912.
26. Kings County Eclectic Medical Society.—President, Theo. Adlerman; Secretary, A. W. Wolf.
27. Los Angeles County Eclectic Medical Society.—President, R. B. Hubbard, Los Angeles; Secretary, P. M. Welbourn, Los Angeles.
28. Maine Eclectic Medical Society.—President, S. A. Abbott, Taunton. Portland, May 24, 1913.
29. Massachusetts Eclectic Medical Society.—President, Wm. C. Clark, Boston; Secretary, Pitts Edwin Howes, Boston. Boston, first Thursday and Friday in June.
30. Michigan Eclectic Medical Society.—President, Nelson McLaughlin, Lake Odena; Secretary, J. E. G. Waddington, Detroit. Kalamazoo, June, 1913.
31. Missouri Eclectic Medical Society.—President, T. A. Son, Bonne Terre; Secretary, Emmet F. Cook, St. Joseph. Springfield, 1913.
32. Missouri Valley Eclectic Medical Association.—Secretary, John C. Story, St. Joseph.
33. Minnesota Eclectic Medical Society.
34. Nebraska Eclectic Medical Society.—President, H. C. Simth, Franklin; Secretary, Amy Robinson, Hastings. Lincoln, 1913.
35. New England Medical Association.—President, Jas. T. Tonks, Westbrook, Conn.; Secretary, F. W. Abbott, Taunton, Mass.
36. New Hampshire Eclectic Medical Society.
37. Northeastern Ohio Eclectic Medical Society.—President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.
38. Northwestern Ohio Eclectic Medical Society.—President, J. H. Jenkins, Rushmore; Secretary, A. M. VanHorn, Findlay. Quarterly.

39. New Jersey Eclectic Medical Society.—President, G. C. Young, Washington, N. J.; Secretary, G. E. Potter, Newark. Semi-annual.
40. New York Eclectic Medical Society.—President, G. L. Olson, New York; Secretary, Geo. R. Thompson, Lucerne.
41. New York Specific Medication Club.—Secretary, John Birkenhauer. Second Thursday of each month.
42. Northwestern Indiana Eclectic Medical Society.—Secretary, W. F. Smith, Huntington.
43. Ohio Central Eclectic Medical Society.—President, Wm. E. Postle, Columbus; Secretary, C. M. Deem, Columbus. Monthly.
44. Ohio Eclectic Medical Association.—President, J. B. Barker, Piqua; Secretary, W. N. Mundy, Forest. Dayton, May 13, 14, 15, 1913.
45. Oklahoma Eclectic Medical Society.—President, Wm. King, Oklahoma City; Secretary, H. C. Stagner, Guthrie. Oklahoma City, June, 1913.
46. Oregon Eclectic Medical Association.—Secretary, Byron F. Miller.
47. Pennsylvania Eclectic Medical Association.—President, B. E. Gamble, Bowmansdale; Secretary, M. V. Hazen, Titusville. Harrisburg, 1913.
48. South Dakota Eclectic Medical Society.—President, E. W. Goldman, Madison; Secretary, J. C. Greenfield, Avon. Madison, May, 1913.
49. Southern California Eclectic Medical Association.—President, Oran Newton, Long Beach; Secretary, W. J. Lawrence, Los Angeles.
50. Southwestern Ohio Eclectic Medical Association.—President, O. P. McHenry, Hamilton; Secretary, J. L. Payne, Cincinnati. Bi-monthly.
51. Sullivan County Eclectic Medical Society.
52. Tennessee Eclectic Medical Association.—President, D. D. Moncrief, Shelbyville; Secretary, B. L. Simmons, Granville. Nashville, May, 1913.
53. Texas Eclectic Medical Association.—President, M. A. Cooper, Leakey; Secretary, H. H. Blankmeyer, Aransas Pass. Dallas, May, 1913.
54. Vermont Eclectic Medical Association.—President, J. B. H. Cushman, East Charleston; Secretary, P. L. Templeton, Montpelier. Montpelier, June, 1913.
55. Washington Eclectic Medical Association.—President, T. J. Piersol, Tacoma; Secretary, N. M. Cook, Seattle. Tacoma, August, 1912.
56. Western Ohio Eclectic Medical Association.—President, Guy J. Kent, West Liberty; Secretary, W. H. Graham, South Charleston. Quarterly.
57. Western New York Eclectic Medical Society.
58. West Virginia Eclectic Medical Association.—President, M. H. Waldron, Naugatuck; Secretary, W. B. Hartwig, Anthem.
59. Wisconsin Eclectic Medical Society.—President, Ira Fay Thompson, Reedsburg; Secretary, F. C. Haney, Watertown. Devil's Lake, June, 1913.

CALENDAR OF STATE EXAMINING BOARDS.

(Secretaries will please keep us informed of changes and dates.)

**Alabama*—One Board. Secretary, W. H. Sanders, Montgomery.

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**Delaware*—Two Boards. Secretary Homeopathic Board, R. A. Kittinger, Wilmington.

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* Reciprocity. Correspond with the Secretary of the Board.

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Kentucky—One Board. Secretary, J. N. McCormick, Bowling Green. Eclectic member, G. T. Fuller, Mayfield.

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Maine—One Board. Secretary, F. W. Searle, 8 Congress Street, Portland.

Maryland—Two Boards. Secretary Homeopathic Board, O. N. Duvall, 11326 N. Mount Street, Baltimore.

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THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME IV. CINCINNATI, MARCH, 1913. NUMBER 3.

THE LOCALIZATION OF FOREIGN BODIES IN THE EYE, AND THEIR REMOVAL BY THE ELECTRO-MAGNET.

R. C. HEFLEBOWER, M.D., CINCINNATI.

The subject of penetrating foreign bodies is of interest not only to the oculist, but to the general practitioner as well, and is of the greatest importance to all concerned. It has an economic and an esthetic bearing, and upon the prognosis depends, very frequently, the future career of the patient.

Owing to the multiplicity of pursuits at the present day, and their diversity, accidents of this nature are becoming more and more common. In the arts and manufactures a large variety of penetrating bodies is encountered, the kind depending upon the nature of the employment. The offending body may be iron, steel, copper, brass, Babbitt metal, wood, glass, stone, broomstraw, wheat beard, caterpillar hair—any one of the thousand and one things met with in everyday life—but I wish to consider at this time only the entrance of metallic substances, such as can be located by the Roentgen ray, and some of which may be extracted by means of the electro-magnet. Among the latter, of course, are included only iron and steel. Previous to the employment of the Roentgen ray the diagnosis and localization of foreign bodies within the eye was largely a matter of conjecture and their removal a haphazard proceeding. Now, thanks to improved and accurate methods, the exact location of bodies opaque to the ray may be determined within the fraction of a millimeter, and their removal (conditions permitting) accomplished with a minimum of difficulty and injury to the organ.

Given an injury with a suspected penetrating foreign body, supposing it to be one or the other of the metals, it may be localized and removed within a very short time after the injury has occurred, instead of permitting several days to elapse and thus wasting valuable time. The sooner a foreign body is located and removed the better the prognosis, both as regards sight and the retaining of the eye. After a certain length of time—often but short—there is an organization of exudate about the offending substance, rendering removal more difficult and at times quite impossible, and thus endangering to a greater extent the normal intraocular tissues. To this end, therefore, anything that will expedite the localization and removal of penetrating foreign bodies will aid in recovery, if not with good vision, at least with all that is possible to save; or, failing this, it will aid in retaining the bulbus oculi

and prevent enucleation and the wearing of an artificial eye. Again, it must be remembered that foreign bodies, as a rule, are not aseptic, and the shorter their stay in the eye the less the chances for infection. The intraocular contents make the most favorable kind of a culture medium.

It is not my intention at this time to enter into a discussion as to the various kinds of penetrating foreign bodies and their relative dangers to the ocular structures, but only to refer to the more practical side of the subject, namely, their proper localization and removal.

Localizing the foreign body by means of the X-ray is a comparatively simple matter, and can be accomplished by anyone accustomed to making radiographs. In addition to the X-ray apparatus a special localizer is required. The writer for some years has used the apparatus described below and has found it to fill all requirements. Figure 1 represents the localizer complete. The cuts illustrating the apparatus, as well as their description and use, are taken from "An X-Ray of Light," by Mr. J. Robert Kelley, who kindly granted permission to the author. The eye localizer consists of two general parts: First, the base or head rest, as shown in Fig. 1; second, the localizer, as shown in Fig. 2. The head-rest base is composed of the following parts:

1. A plate slide tunnel so constructed as to protect one-half of a 5 x 7-inch photographic plate while the other half is being exposed, and to further protect the exposed half while the second exposure is being made.

2. Four rubber-tipped legs to raise the tunnel so that it will act as a pillow for the patient's head, holding it level while lying on his side.

3. A plate holder having a slide that will protect the plate from ordinary light, but offer no resistance to the X-rays.

4. An arm or handle attached to the plate-holding slide, to enable the operator to shift the plate the correct distance for each exposure and to withdraw the same when both exposures have been made.

5. A pneumatic cushion for the comfort of the patient.

6. A double clamp to hold the patient's head, to prevent any horizontal movement.

7. A single vertical clamp to press the head downward upon the pneumatic cushion, thereby obviating any necessity for the unsanitary sandbag.

8. A thin aluminum removable covering for the stand, having alignments that indicate the size and shape of the part of the plate being exposed to the rays, as well as a center indication which shows the position the eye should occupy and the point at which the central rays should be directed by means of the centering rod, as shown in the illustrations.

The localizer proper is shown in Figs. 1 and 2. It consists of:

1. A heavy metal base.

2. An upright standard to support the localizer and permit the same to be held firmly and to be adjusted at any desired height.

3. The indicator ball, with its needle-supporting stem, which, when properly adjusted to the center of an eye, will cast its shadow on the photographic plate and serve as a landmark indicating the center of the cornea.

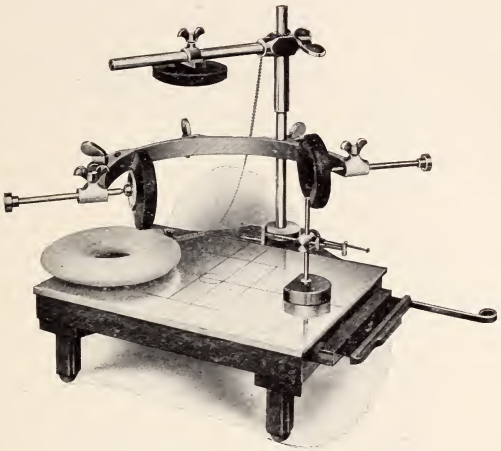
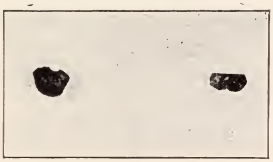


Fig. 1.—The eye localizer, complete; consisting of head rest and localizer.



Figs. 12 and 13, showing actual size of cast iron chip in Case IV.

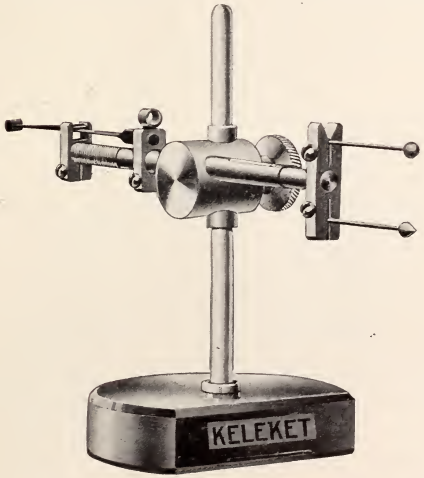


Fig. 2.—The localizer.

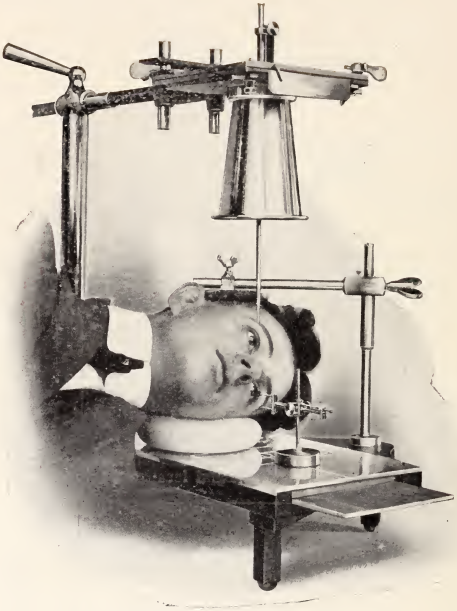


Fig. 3.—First position of tube.

Fig. 4.—Second position of tube.

4. The metal tip of the other stem is made cone-shaped, so as to more easily differentiate its shadow from that of the ball. These indicators are permanently adjusted a known distance apart (about 15 mm.), so that when an X-ray picture is made of them obliquely we are able by their shadows definitely to locate the source and course of the rays of light.

TO MAKE THE EXPOSURE.

Place the patient's head on the plate-holder base with the inflated cushion, as shown in Fig. 3, being careful that the cushion does not extend over the boundaries of the plate, as indicated by the marked lines on the aluminum cover, and hold firmly but gently by means of the vertical clamp.

Place the diaphragmed tube in the proper position so that its central rays will exactly parallel the front vertical plane of the patient's eyes, as shown in Fig. 3.

A fresh 5 x 7 plate is now placed in the plate-holder and in the tunnel, in the proper position for the first exposure, which will include a half of the plate.

The localizer is now placed on the stand in front of the affected eye, the trigger attached to it is set, and after the indicator ball has been adjusted to the plane of the cornea the entire instrument is pushed forward on its base until the ball presses into the patient's closed eyelid approximately its thickness at the center of the cornea; the trigger spring is then released and the indicator ball and cone recede exactly 10 mm., thereby permitting the patient to open his eyes and wink them in a natural manner. By referring to the localizing chart, it will be observed that due allowance of 10 mm. has been made by placing the indicator ball and cone just that far removed from the front plane of the cornea, and it should also be borne in mind that the front of the cornea is 10 mm. in front of the shadow of the indicator ball, as shown in the negative.

Some object, such as a candle or a piece of white paper, should be placed in alignment with the sights of the indicator, but at a distance of several feet, and the patient directed to gaze steadily at this object while the two exposures are being made.

The first exposure having been made with the light perpendicular to the plane of the plate and parallel with the patient's eyes, thereby superimposing the shadows of the indicator ball and cone, as shown in Fig. 3, the X-ray tube is then shifted four or five inches toward the patient's feet and tilted so the indicator rod points to the ball of the localizer, thereby causing the central rays to pass obliquely through the center of the cornea of the affected eye, as shown in Fig. 4. The photographic plate must now be shifted so as to expose the other half to the action of the rays. The plate is then developed in the usual manner and dried, when the location of the foreign body can be determined.

In order to assist the reader to understand the method of localizing foreign bodies, the following plates and directions are given:

In the negative, represented in Fig. 5, the first exposure is shown. A line

is drawn through the horizontal axis of the indicator ball and cone, which are here superimposed, thereby projecting their supporting stems and establishing the visual axis of the eye.

A second line is drawn at right angles to the first through the center of the foreign body's shadow.

With a small pair of dividers, such as draughtsmen use, step this distance from the edge of the indicator ball to the intersection of the horizontal and vertical lines that you have just drawn, then step this distance off on the diagram chart, making a dot with a pen or very sharp, hard pencil to represent the exact distance.

On the vertical line that has just been drawn through the shadow of the foreign body in Fig. 5, measure the distance of the foreign body above the horizontal line, and indicate the same on the chart above the first dot, as represented by dot F1 in Fig. 7 side view.

Place another dot on the same horizontal plane at point P and draw a line through these two dots, projecting it into the "front view," as shown.

Since the position of localizer ball B, as shown on the chart, is the same as when the picture was made, the location of the foreign object must be at the point F1, "side view." But we have yet to establish its location to the nasal or temporal side.

Project a line vertically through point F1 to the 45 degree angle, thence horizontally through "horizontal section." Upon negative, Fig. 6, which represents the second or oblique exposure, a line is drawn through the horizontal axis of both the ball and cone, thereby projecting their supporting stems and establishing the relative relation of their horizontal planes to that of the foreign body. A third line is drawn at right angles to the first two through the center of the foreign body's shadow.

With your dividers measure the distance of the shadow of the foreign body above the horizontal plane of the shadow of the ball, and mark the same by a dot on the "front view" of the chart just above the center "B," as indicated by arrow P2, because that was the relative position of the ball when it cast the shadow.

Measure the distance of the shadow of the foreign body above the horizontal plane of the shadow of the cone and mark the same on the chart at the point above "C," indicated by the arrow P1, because that was the relative position of the indicator cone when it cast the shadow.

A line drawn through P1 and P2 will represent the true course of the rays in the second exposure, and its intersection with the projected line from the "side view" through points P and F1 will be the position of the foreign body when viewed from the front, while a vertical projection of a line through this point intersecting with the projected line through "horizontal section" shows the position of the foreign body to the temporal side at point "F," horizontal section.

The reader will readily understand the first picture, lateral exposure, as shown in Fig. 5, and as charted on "side view," Fig. 7, and the method of determining the position of a foreign body to the nasal or temporal side will

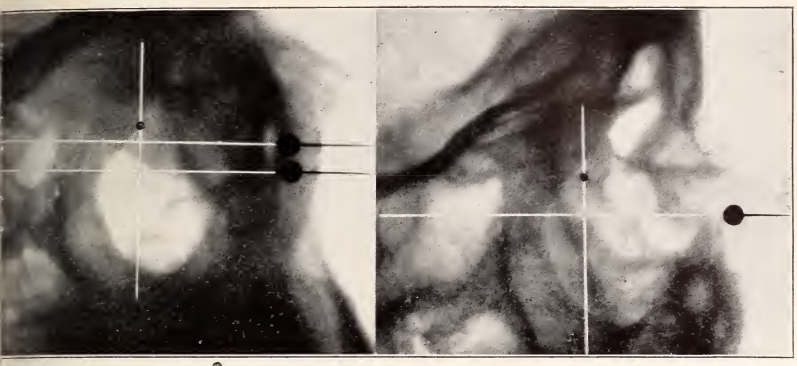


Fig. 6.—Plate from second exposure.

Fig. 5.—Plate from first exposure.

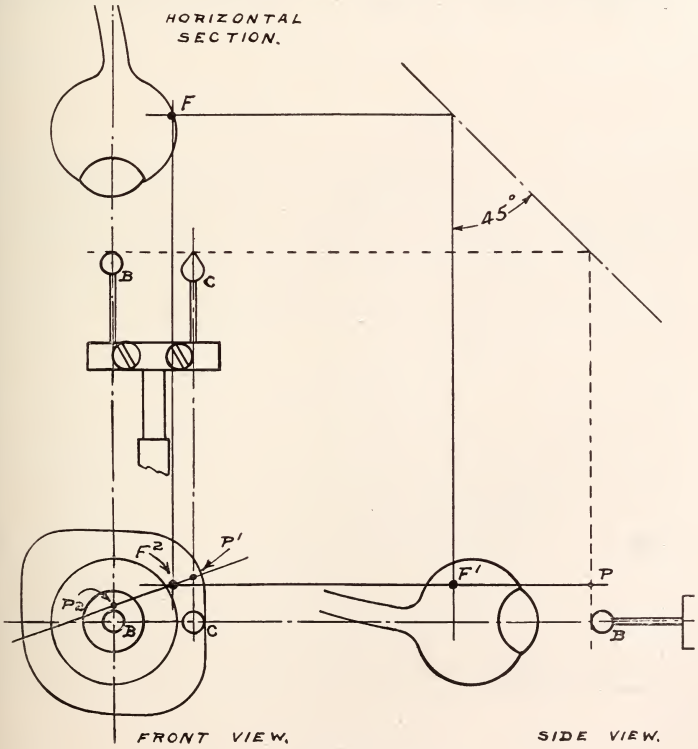


Fig. 7.—Diagram of localization.

Fig. 8.—Radiograph of Case I.
Steel in posterior portion of globe.

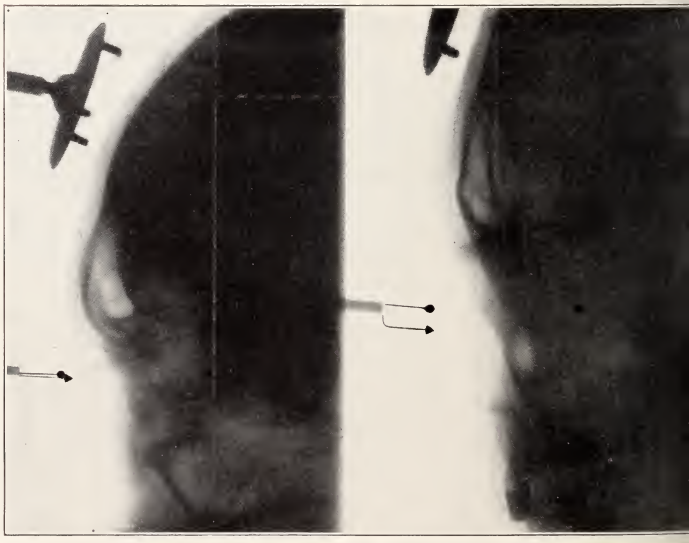


Fig. 9.—Radiograph of Case II.
Shot 7 mm. back of globe.

be quite as easily understood by bearing in mind that the circles "B" and "C" on "front view" (Fig. 7) represent the ball and cone of the localizer, and that the distance of the shadow of the foreign body shows either above and below the plane of their shadows (as taken from Fig. 6), must be represented by a dot on the vertical lines "front view" either above or below their centers, while the joining of these two dots by a straight line will indicate the ray of light passing through the foreign body, the position of which will be indicated by the intersection of this line with that projected through the foreign body from the "side view."

There are numerous electro-magnets for the purpose of extracting foreign bodies from the eye, varying in size, shape, mounting, tractive power and other particulars. While the largest have, of course, greatest traction, they are more or less stationary and are not as readily managed as the portable magnets. Their extreme tractive power is sometimes the cause of frustrating the desired ends, as it results in the destruction of the interior of the eye by reason of excessive traction upon the foreign body.

I have the Parker eye magnet (Fig. 14), the most serviceable for general use, as its tractive power is quite sufficient for all cases, while it is portable and much more easily handled than the larger forms of apparatus. A series of adjustable tips (Fig. 15) go with the magnet, varying in size and shape. These are removable and may be readily sterilized. Their distal ends are concave, which is sometimes an advantage in holding the foreign body when it is once grasped.

The full page plate at the end of this article is a reduced fac-simile of the diagram used in locating foreign bodies in the eye. It will be observed that the smallest subdivisions, which in the original are 1 mm. square, are again divided into larger divisions of 10 mm. square. As the diagrams of the orbit and its contents are life size, the platting from the negative directly upon the diagram gives the exact location of the foreign body and its distance from various landmarks.

The following cases serve to illustrate the usefulness of the radiograph in localizing foreign bodies within the eye and orbit, and the utility and futility of the use of the electro-magnet in their removal.

Case I.—(Fig. 8). Boy, eleven years old. While driving a hatchet through a block of wood with a hammer, a piece of steel was driven into the left eye, the foreign body passing through the lower part of the cornea and injuring the iris and lens, the ciliary body being uninjured. I first saw the case two days after the accident occurred. The X-ray showed the foreign body to be located at the posterior and superior part of the globe, outward from the center, and probably engaged in the sclera.

The electro-magnet was used upon several occasions in an endeavor to draw the foreign body into the anterior chamber through its path of entry, but without success. The only result was a sense of traction upon the posterior part of the globe, and, because of the pain caused, further efforts were not made. Later, under a general anesthesia, an incision was made through the outer or temporal portion of the sclera and the tip of the magnet introduced. While the piece of steel could be brought into contact with the magnet it could not be dislodged. The wound thus made was allowed to

heal firmly and later—ten days after the accident, to be exact—the eye was enucleated.

The foreign body was found exactly where the X-ray had located it, and was firmly lodged in the scleral wall in such a way that it could not possibly have been dislodged without great damage to the intra-ocular structures.

I may say that enucleation would have been made at a much earlier date, but it was refused by the parents.

Case II.—(Fig. 9). Man, aged twenty-six. While hunting was shot in the right eye by a companion. The shot entered the cornea 2 mm. above the center and the median line of the globe, passed back, nipping the margin of the iris, and going directly through the lens. I saw the case twenty-four hours after the accident, when there was an incarceration of the iris and a traumatic cataract. The X-ray showed the shot to be located directly posterior to the bulbus, at a distance of 7 mm., and on a line drawn backward from the center of the cornea, a little to the outer side of the optic nerve. The patient was put to bed, the incarcerated iris freed, and atropine instilled. After the eye had become quiet and the wound was healed the patient was discharged and no further trouble has developed. The foreign body being non-magnetic, no attempt was made to remove it with the magnet. Of course, the eye is blind, having been completely perforated anteriorly and posteriorly by the shot and intra-ocular structures disorganized.

Case III.—(Fig. 10). Man, aged thirty-four years. Case referred by Dr. L. E. Russell and Dr. J. B. Simon, of Buckhannon, W. Va. Piece of Babbitt metal in left eye, the accident occurring six weeks before patient came to me. The foreign body penetrated the outer ciliary region. At the time of the examination the lens and the vitreous were clear, permitting a yellowish, dense and semi-organized mass to be seen in the lower outer quadrant of the eye, just posterior to the ciliary body. This mass contained the foreign body. The radiograph shows the foreign body in the location described above. Enucleation was advised. The magnet was not used as the material was non-magnetic.

Case IV.—(Fig. 11). Man, aged thirty-eight years, planer hand. Penetrating foreign body, right eye; cast-iron chip. It passed through the upper lid, 5 mm. above middle of lid margin, entered the eye at the sclero-corneal margin, the wound extending 2 mm. into the sclera and the same distance into the cornea. It passed through the iris, which was lacerated and prolapsed; through the upper margin of the lens, which was becoming cataractous when the patient was first seen. Owing to these conditions, there was only light perception when the patient was examined.

The accident occurred at 12:45 P.M. and I saw the patient at 1:15 P.M. A radiograph was made at once, locating the foreign body at the outer and upper part of the globe, just back of the lens. At 3:30 P.M. the eye was cocainized, the incision enlarged by means of iris scissors, the mutilated fragments of iris tissue trimmed off, and the iris replaced as far as possible. Portions of the cataractous lens substance escaped at this time, and as much as possible was removed. The electro-magnet point was introduced into the enlarged wound, and, after two efforts, the foreign body was removed. Owing to its jagged nature some difficulty was experienced in extracting it. It proved to be a rough, jagged-edged piece of cast iron, a chip made by a gouge. Its exact size and shape are shown in Figs. 12 and 13. Its weight was two and one-half grains. Owing to infection, vision was lost, but the eye was retained.

The above series of cases represents the general average of foreign bodies that can be localized by the X-ray, some being magnetic and others

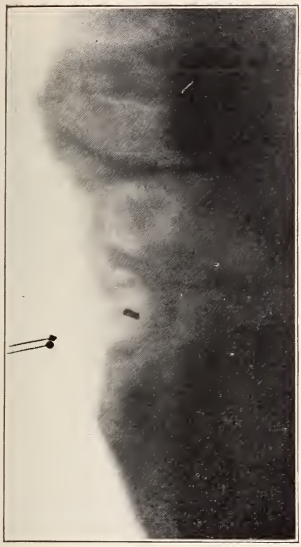


Fig. 10.—Radiograph of Case III. Babbitt metal within globe.

Fig. 11.—Radiograph of Case IV. Cast iron chip within globe.

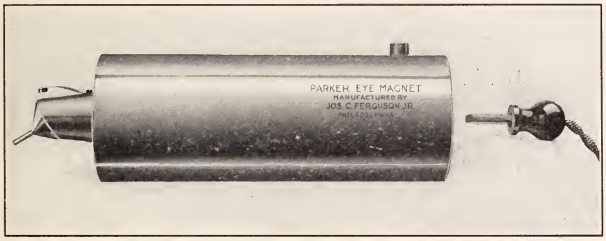


Fig. 14.—Parker eye magnet.

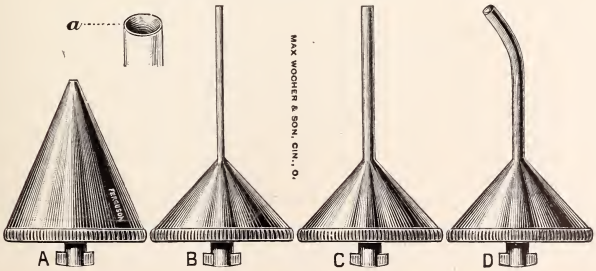


Fig. 15.—Tips for attachment to the Parker magnet.

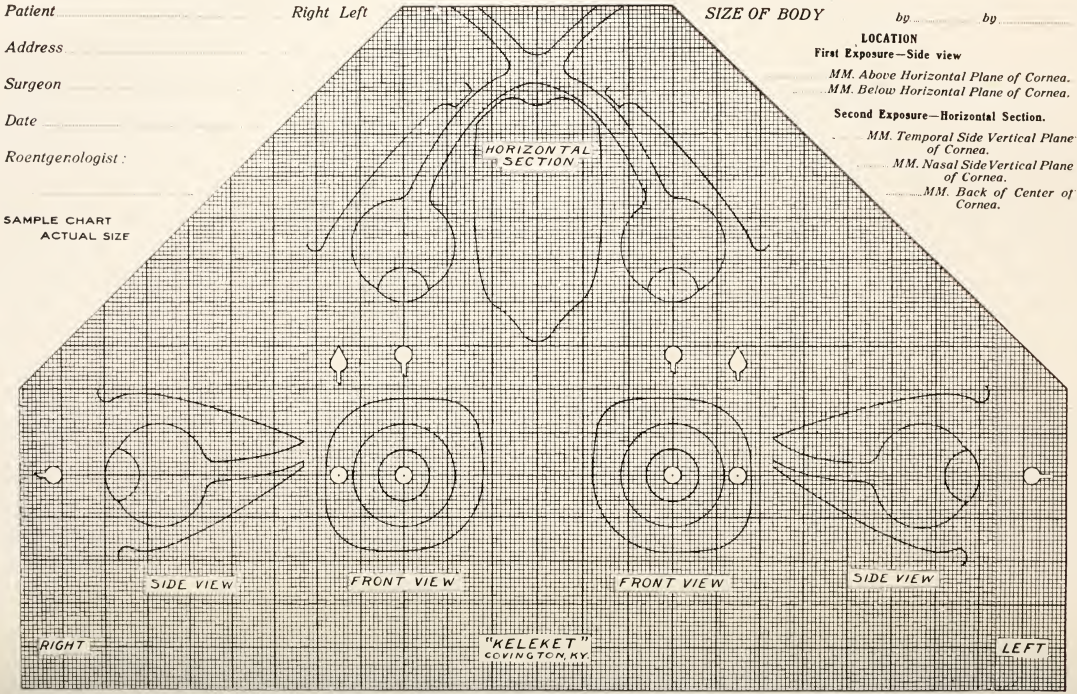


Fig. 16.—Reduced diagram for localizing penetrating foreign bodies within the eye.

non-magnetic. Case I was a comparatively large piece of steel, which, owing to entanglement with the sclera, could not be removed by the magnet. Case II was a gunshot, passing completely through the globe and located 7 mm. posterior to it; non-magnetic, non-irritating, and was left undisturbed *in situ* Case III, Babbitt metal, non-magnetic, located in lower and outer quadrant, after passing through the ciliary region; enveloped in exudate; enucleation advised. Case IV, piece of cast iron, magnetic, located at upper and outer part of globe, back of lens; removed; eye saved, but vision lost.

In the space of this article it is impossible to enter into a discussion as to the percentage of useful vision or even eyes saved by the use of the electro-magnet, as that is out of the scope of the present paper. Suffice it to say, the use of the Roentgen ray combined with the use of the electro-magnet has greatly lowered the amount of disastrous results and given useful, if not perfect, vision in a largely increased per cent. of these unfortunate injuries.

A SAFE PLAN OF PREVENTING INFECTION DURING THE LYING-IN PERIOD.

Benj. L. Simmons, M.D., Granville, Tenn.

That every puerpera is predisposed to infection by virtue of her state will be generally conceded. Hence, it follows that preventive measures are very important. Prophylaxis has been denominated "armed expectancy;" and the physician who, through ignorance, allows a puerperal patient subjected to unnecessary exposure should have his license revoked.

It might be well to state in this connection that any constitutional diathesis or precedent disease that weakens the puerpera begets less resistance to infection. This weakened resistance is produced to a far less degree in the woman worn down by a difficult labor than in the woman who has passed through her labor with undiminished vital forces. This fact helps to explain the degree of virulency which the same disease, septicemia, manifests in different women infected at the same time and in like manner and at a similar site. The tubercular or the diabetic have not the resistance to this septic poison as the puerpera who reaches her term in good health and completes her labor with undiminished vitality. It is a safe principle that *whatever* weakens the vitality of the puerpera also weakens her resistance to the infectious material; and, conversely, whatever increases her vitality increases her resistance to the infection.

Whence this infection? The sources have been described as three, viz.: The atmosphere; the body of the puerpera; and infectious material coming in contact with the genital system or some part of it. The atmospheric theory is untenable, and, in the light of modern pathologic research, has been relegated to oblivion. In former years, no doubt, erysipelas and perhaps other infectious lesions were pronounced puerperal septicemia, all of which gave coloring to the atmospheric theory. The body theory or the theory of auto-infection appears erroneous, because of the facts that spontaneous gen-

eration of disease is not possible and the recognized causative agents of disease are never found in the healthy body. Apparent exceptions to this theory are found in uremic poison, in abscesses, with rupture of tubes and ovaries. But these states are purely epiphenomenal, forming no part of the phenomena of puerperal septicemia.

The third source seems to be the correct one. This theory assumes that material of an infectious nature, or capable of causing infection, must come in contact with some part of the genital system of the puerpera. The poison is not unlike septic infections of wounds elsewhere in the body. The chemic poisons, perhaps ptomains, resulting from a decomposed blood clot or a putrefactive fragment of the placenta, are absorbed and puerperal septicemia is ushered in with more or less severity, according to the amount of the poison absorbed. Should the genital tract be in sound state there would be no infection. There must be a wound or an abrasion where the infection may enter. Even then we do not always have infection. Fragments of the placenta have many times remained in the vagina for some time and no harm result. To have infection, pardon the repetition, there must be a wounded surface and infectious material to come in contact with the wound.

Any part of the genital tract may become the site of primary infection; as a lacerated perineum, the soft parts in general, a lacerated cervix, or the endometrium at the site of placental separation. Of these sites the soft parts are the most easily infected. These parts give greater opportunity to the ingress of infectious matter. Hardly a labor occurs but that some abrasion or wound is produced in these parts. It is in the soft parts that the discharges come in contact with the hair of the vulva and labia and remain in contact with the vulvar fissure. These being exposed to air are more readily decomposed and held here in contact, of course, the danger of infection is increased.

In considering prophylaxis the physician does not always get a chance to correct some wrongs. Pre-marital states do not often pass his review. If the pregnant woman is tubercular or diabetic the physician should make the best he can out of the situation. In fact, he must right, so far as is possible, any wrong that is debilitating her. The enceinte should enter the puerperium in the best possible health. Having done his duty to his patient prior to the puerperal state, and that state now being entered, it is very essential that he observe asepsis. Asepsis being vigilantly maintained, during labor and the early days of the lying-in state, septicemia will not occur. For ten days of the puerperal state, let the slogan be, *keep the soft parts cleansed*. This should be done with a warm solution of borate of sodium. Have the vulva, fissure and perineum washed in this solution twice daily, morning and evening, thoroughly drying the parts after each bath. That done, and septicemia will be a stranger in your practice of midwifery.

Occassionally a slight addition to the foregoing is necessary. A fragment of the placenta may be decomposing in the vagina; if so, remove it. The good accoucheur, however, will see that no afterbirth is left. Another additional measure is sometimes required and that is the removal of a decayed

blood clot from the vagina. This may be washed out with a vaginal douche of carbolated water; otherwise, vaginal douches are not needed. In fact, as ordinarily used, they are productive of more harm than good.

The writer has for years followed the course outlined in this paper with the result that he has never had a case of septicemia to occur in his own obstetric practice.

LOYALTY TO ECLECTICISM.

T. A. Lee, M.D., Magazine, Ark.

I have not chosen this subject because I think the Eclectics of Arkansas are not as loyal to the cause now as they have ever been, but, in this day and age of greed and grafting, men are apt to be decoyed by the over-designing methods of those who are always ready to gain honor and glory at the expense of some other man's merits. Knowing that the principles of Eclecticism are as sacred and scientific as were ever promulgated by any sect, ism or pathy, I am therefore prompted to offer you, if possible, a few words of encouragement by analyzing some of the grand truths and by impressing you with the fact that Eclecticism is not a mere whimsical delusion but a very practicable and scientific fact.

One among the first and most scientific principles that we come in contact with is the law of "cause and effect." The demonstration of which we see in the practice of specific diagnosis and specific medication. The next grand thought we see expressed in the word Eclecticism is that God-given principle of liberty of free speech and freedom of thought. It is therefore the imperative duty of all who love and cherish such rights and privileges to stand by them with all the loyalty and patriotic devotion there is in them.

These are not the only reasons why we should be faithful to the cause, but, when we begin to analyze all these grand principles, we find that in them are contained the most vital tenets of civilized society, which is that of "equal rights to all and special privileges to none."

Of course, that which concerns us most, as physicians, is the relief of suffering humanity and the prophylaxis of disease. I am sure you will all agree with me when I say that any person who has been well-trained in the application of the principles of specific diagnosis and specific medication is more competent to successfully deal with the ills of humanity than are any of our brethren who are so hidebound that they would not prescribe any drug or use any method which is not authorized by the United States Pharmacopeia or the American Medical Association.

We know by reason and actual experience that if gelsemium will relieve the condition characterized by flushed face, bright eyes, contracted pupils and restlessness in pneumonia, that it will do the same in measles, malaria, smallpox, typhoid fever, or any other disease where that condition exists. We also know that if it will do that to-day it will do the same thing a hundred years from now. And so it is with all of our well-defined specifically indicated remedies for certain specific conditions.

When we review the past and note the great progress in medicine and surgery we find that Eclecticism comes in for an equal share of the honor. It is conceded by all classes of physicians the world over that we have the most extensive and the most practicable materia medica in existence to-day. Not only so, but had it not been for that spirit of progress that dwelt in the breasts of such pioneer reformers as Wooster Beech, I. J. Jones, E. B. Morrow, John King and John M. Scudder, the healing art might have remained much longer in that old state of lethargy and superstition. Among these pioneer medical reformers were the first men to denounce and discard the lancet, the blister, and other cruel and inhuman methods which were sapping and taking away all the vitality the poor victim had. When these broad-minded fathers of progressive medicine began to advocate more rational and conservative methods of relieving the sick it put a new impetus in all circles of medicine. The reformers began to claim attention, and, of course, they at once began to meet with all manner of opposition, and some of them even meeting with the vilest persecution. So we see Eclecticism always in the forefront of progress, paving the way toward more scientific medicine. This has ever been true of all ages of the history of medicine. In fact, it is so instilled into the very nature and life of a true Eclectic to select or choose the most direct or specific remedy for a given abnormal condition that you always find him equipped with the very latest and most approved means of relieving the sick, whether it is specific medication, serum therapy, electricity, osteopathy, or suggestion, or any other method that will bring you results; you are not a good physician (or Eclectic) if you do not use them.

Again, we find by reviewing medical history a little further, that the whole fraternity is indebted to the Eclectics for the discovery and introduction of some of our most efficient and most frequently used remedies. We note that it was our well-known California brother, Dr. Bundy, who discovered and introduced the Samson of the materia medica for constipation, cascara sagrada; our beloved John King who discovered and introduced that most potent of all hepatic stimulants, podophyllum; Dr. I. J. M. Goss who introduced our only specific for catarrhal jaundice, chionanthus; and our own Dr. J. W. Pruitt, of Russelville, Ark., who discovered and introduced our most efficient remedy for chronic splenitis, polymnia uvedalia In fact, it is the Eclectics who are constantly revealing the secrets of the vegetable kingdom and making the remedies thereof applicable to the ills of humanity.

We notice all along down the line that Eclectics, as a whole, are a broad-minded and a liberty-loving people. They have that same old human instinct and desire not to be bound by some other fellow's creed or method of doing things; and just such thoughts and desires as this, you will remember, was what prompted the Pilgrims to cross the stormy Atlantic. It was just this same desire to worship God and to serve their fellow men according to the dictates of their own conscience that brought into existence this great nation of which we are so proud to-day. These are the principles that are just as dear to us and our posterity as they were to Washington and his generation.

These are the principles that every true Eclectic should be proud of, and they mean just as much to the science of medicine as they do to the political or religious world.

As I stated at the outset, I have not chosen this subject because I thought the Eclectics of Arkansas were not as loyal now as ever before, but that I wanted to show you that there is a reason for the faith that is in you. Knowing full well that the grafter and political skunk are always camping on our trail, therefore, you should always be ready for the emergency that is sure to come sooner or later. I think one of the best ways to do this is to always maintain a good working organization. Of course, that means that you should always attend the Association with some good paper or some bit of information that you can hand out for the good of all. It also means that you should mix with your candidate for representative and see how his pulse beats upon the question of equal rights to all and special privileges to none; and, if they are irregular or intermittent, your rights are in jeopardy and you had better get busy a few days before election.

We should send our boys to Eclectic colleges. We should insist that our schools maintain as high a scientific standard as any other school. The truth of the business is, we are more scientific to-day than any other branch of medicine. We are broad-minded enough and honest enough to accept all that is practicable and scientific in the other fellow's theory, but the other fellow, as a rule, absolutely closes up and refuses to accept anything from us as either practicable or scientific.

I am not contending that the other schools have not discovered or introduced anything of worth to the science of medicine, for they have many praiseworthy and scientific achievements to their credit. We should always be willing to give honor to whom honor and credit to whom credit is due. Lay aside our prejudices and practice medicine. Of course, that is what a truly Eclectic physician always does. That is one of the traits of character that is necessary to make an Eclectic of the whole cloth. He is one who is always open to conviction and who is always ready to investigate a proposition whether it comes from his own crowd or not. But he is not content with merely knowing what the name of the disease is. You must show him that there is actually some results behind your proposition. You must convince him that your suggestion will be of some benefit to the patient while he is sick. As I have just said, to be an Eclectic physician is to be a progressive physician. We care not for "pathy" or "ism," all physicians are friends who are willing to meet upon the broad path of progress, it makes no difference whether he is regular or irregular, or what "path" he is traveling. Our object in life should be to relieve suffering humanity.

Now, gentlemen, the Arkansas Eclectic Medical Association stands second to none in point of interest in the United States. Physicians of all classes are beginning to comprehend the philosophy of Eclecticism and are gradually taking up the practice of the same. While we are yet in the minority, so far as numbers are concerned, our influence is becoming world-wide. So we have nothing of which to be ashamed, but everything of which

to be proud. And now, in conclusion, I want to say that our Association is just what we make it; each one is a component part, doing his duty toward making the Association one harmonious whole; each one who absents himself from our meetings detracts from the interest of the Association. Knowing this, we should use our utmost endeavors to always be present.

PURULENT OPHTHALMIA, ITS ETIOLOGY AND TREATMENT.

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Mindful of the time limitation, I will omit any introductory remarks which might seem suitable at this time and pass on to my subject, inviting for it your liberal consideration and wishing that it may provoke a helpful discussion.

Purulent opthalmia is generally understood to be caused by any pus-producing bacteria, but Neisser's gonococcus is held to be the cause of the greatest percentage of cases; especially is this true in most of the virulent forms of this disease. Other forms of bacteria are also responsible for purulent ophthalmia, and I will make mention of a few to show how important laboratory findings are in determining the true nature of the disease, and as an aid in making a correct diagnosis in order that our treatment may be as nearly specific as possible.

Authors of text-books and treatises on ophthalmology classify the different forms of ophthalmia purulenta under the following heads:

Ophthalmia simplex, due in part to the staphylococci, streptococci, and other micro-organisms, not yet classified by the pathologists, found present in the discharge of the disease.

The Koch-Weeks bacillus and the pneumococcus of Frankel are the causative factors in the acute contagious form of ophthalmia.

The sub-acute variety of purulent ophthalmia is produced by the diplobacillus described by Morax and Axenfeld.

The Klebs-Loeffler bacillus in not a few cases produce a severe type of ophthalmia purulenta.

Other milder types of ophthalmia of the muco-purulent form may be due to Arnold Knapp bacillus or the bacillus of influenza.

As before stated, the worst form of purulent ophthalmia is now generally admitted to be caused by infection of the conjunctiva by gonococci. When this disease is found in the new-born it bears the name ophthalmia neonatorum, and when present in adults it is rightly named gonorrheal ophthalmia.

The symptomatology of these varied types is not within the scope of this paper, hence I proceed to discuss the therapeutic means employed and manner of employment.

Wonderful strides have been made in ocular therapeutics, but we are not yet of one accord as to what constitutes the best treatment of purulent ophthalmia. Perhaps these variations are due partly to training and partly to clinical experiences on the part of the physicians and the different aspects

of the disease, and the unlikeness in individuals whose personal makeup, heredity, environments, habits and physical condition present such varying of conditions to be considered. The exigency that confronts us must determine the treatment, and no dogmatic or hard and fast rules can be laid down. The need of the individual patient must be well understood and carefully kept in mind. Certain general directions that observation and experience have taught us may answer in a majority of cases and give desired results. Local medication must be coupled with systemic treatment, but not in a perfunctory or empirical fashion, but according to the need and urgency of the case at hand.

In the selection of antiseptics and medicaments for use in the eye we must be guided by the bacterial nature of the infection and use drugs, not in the sense of destructors to the bacteria itself or because of their germicidal action, but as inhibitors to their growth and eliminators of these bacteria and their products, and as stimulators to healthy epithelial tissue so that it may not only resist invasion but increase its expelling power. Silver nitrate in solution from 0.5 to 4 per cent. is a drug much employed, but, like many other drugs, it needs to be judiciously used and only by the physician, never dispensed or entrusted into the hands of a nurse, as greater damage may be caused by the unwise administration of it than by the disease it is intended to cure. We all know the caustic and irritant nature of this drug and how destructive to epithelium, in almost any strength, hence many oculists are deathly opposed to the use of it. Schneider, who claims to have made an exhaustive study of this drug, explains its action thus: The leukocytes are worked upon by the irritant action of the silver nitrate solution, producing an element which he terms leukein. This element it is that kills the germs. You may or may not accept this theory. For myself, I choose to believe that silver nitrate is nothing more or less than an astringent antiseptic and germicide, and its action is explained as is that of any other drug of the same nature, but a little more dangerous; hence, I use it with the greatest caution, preferring in my private practice the employment of zinci sulph. or the organic silver salts, protargol or argyrol. While connected with a New York City eye clinic and hospital, I had ample opportunity to study the effects of silver nitrate and confess to you that if rightly used this drug is of value in inhibiting the growth of bacteria, but it is only suited for use in a place of this character where careful watch and constant attention can be given a patient.

The mode and manner of employment goes a great way to enhance its usefulness, and I will venture to describe the treatment by it in an ordinary case of ophthalmia neonatorum. The child is held in a recumbent position, its head resting between the knees of the physician. Usually a sheet is wrapped around its body and arms to aid the nurse in keeping the child quiet. The lids are separated and much care is exercised when the retractors are introduced that no harm may come to the cornea. By pulling the lids gently away from the eyeball the touching of the cornea by the retractors is avoided. The selection of the right size and kind of retractors is of importance. The

silver wire retractors which are usually employed are much preferred to the solid ones and are easy of manipulation and readily moved from side to side so as to give a full view of the conjunctival sac and folds. The retractors, holding the lids in position, are manipulated by the physician. The nurse is instructed to drop two or three drops of the right strength of silver nitrate solution in such a manner that it reaches the sac and folds of the conjunctiva. This procedure is followed in a half to one minute by an irrigation of warm boric acid and saline solution, after which a bland ointment of petrolatum or boric acid ointment is placed in the eye. This prevents gumming and closure of the lids, thus maintaining free drainage which is of incalculable value. The exudate or discharge as it accumulates is wiped away by the nurse, who gently separates the lids as often as necessary, and, to prevent the lids from sticking together, hindering the escape of the discharge, more bland ointment is placed in the eye until the physician sees the case again, which is usually within twenty-four hours, when the described treatment by the silver nitrate is repeated with moderation as conditions demand. However, this is not a routine treatment. Oftentimes the silver solution is not employed at all, depending upon the physician in charge of the patient, the frequent irrigation or flushing method with a mild antiseptic solution taking its place.

Argyrol, thirty grains to an ounce of water, is used as an antiseptic and tissue stimulator. Vaseline or a bland ointment is used in connection with this treatment because of its soothing and protecting nature to the corneal epithelium.

I have had but few cases of ophthalmia neonatorum in my private practice and I will give you my treatment of the same. I use the irrigation or lavage method with boric acid and saline solution in moderation; that is, as soon as the discharge is oozing out between the lids I instruct the nurse to wash it away, besides I make use of the following prescription as an antiseptic collyria: Hydrastis (non-alcoholic), drachm one-half; tr. opium, drops thirty; zinc sulphate, grain one-half; boric acid, grains fifteen; aqua distillata, one ounce. Six to eight drops of this solution is dropped into the conjunctival sac every one to two hours. I associate this treatment with an ointment of boric acid or liquid petrolatum put into a small collapsible tube which can easily be handled by anyone. Once in the day I flood the eye with a 30 to 40 per cent. solution of argyrol, put up in the same manner as the ointment. This treatment has given me the best of results, and with it I face these cases with confidence. Good nursing and the proper hygienic measures with the administration internally of rhus tox., three drops to four ounces of sweetened water, played no little part in the happy issue of these cases.

The treatment of adults suffering with gonorrheal ophthalmia is similar to the treatment of infants, with the exception that a stronger solution of silver nitrate is used, and that shortly preceding the instillation of the silver nitrate solution a few drops of a 1 per cent. holacain solution is used, which lessens the pain and facilitates the use of the silver nitrate solution, as the

patient will keep still and less danger is encountered in touching or abraiding the epithelium of the cornea. Cold applications follow the treatment and are soothing, besides tending to reduce the inflammation and swelling of the lids. Here, again, a watchful, constant care by a nurse is necessary if good results are to be obtained.

Internal medication in the form of alteratives and tonics is absolutely essential. I have made use of such drugs as calcium sulphide, echinacea, stillingia compound, rhus tox., Burnham's soluble iodine and thuja as alteratives. The triple arsenates with neucline, hypophosphites comp., strychnia, as tonics, and can report good results in the majority of cases. Not every case responds as we would like to have it. This is generally the case in patients of a low vitality, and no matter what the treatment or how skilled the hands that administer it, one cannot save their eyes, and they are doomed to a sightless life, or nearly so. In concluding, may I state that in the State of New York the State Board of Health, as a means of prophylaxis, urges every physician to avail himself of the board's free supply of a mild solution of silver nitrate for use in the eyes of the new-born child? This is very practical and will save the child from much suffering and possible blindness if rightly administered. The old aphorism that an ounce of prevention is worth a pound of cure should be kept in mind by both physician and nurse attending confinement cases. Aseptic precautions looking to the prevention of ophthalmia neonatorum should be rigidly observed that no harsh criticism or reproach may come to them for having failed to do their duty.

TYPHOID FEVER.

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The subject selected for this occasion is the sources of infection of typhoid fever.

The doctrine of the Eclectic school of medicine as to the causation of typhoid fever is best stated by quoting from the great apostle of Eclecticism, the late Dr. John M. Scudder, who says: "The predisposing causes of typhoid fever are all such as greatly depress the vital power of the system, either temporarily or permanently; and we might say with truth that no person, unless originally of feeble vitality or laboring under some cause that produces depression at the time of exposure, can have primary typhoid fever. It is true that if the cause acting upon the system were very intense the disease might be rapidly developed. Animal *miasmata* is the exciting cause of the disease, and by this we understand *animal matter in a state of decomposition.* Liebig says: 'An animal substance in the act of decomposition, or a substance generated from the component parts of a living body by disease, communicates its own condition to all parts of the system capable of entering into the same state, if no cause exists in these parts by which the change is counteracted or destroyed.' Thus, exposure to gaseous exhalations from animal matter undergoing decomposition, or arising from per-

sons suffering from low typhoid disease, the material gaining entrance into the blood through the lungs, will, if there is not sufficient resistance in the system, set up a process of decomposition, which, continuing, will give rise to the phenomena we observe in this form of fever."

More recent pathologists claim that the cause of typhoid fever is the bacillus typhosus of Eberth, which is a small motile rod, possessing numerous flagella easily grown in pure culture. Its presence in the body in a state of development is found by the Widal test, it is claimed, which is almost pathognomonic of typhoid fever, so they say. The "almost" robs the test of its value as a factor in the diagnosis of the disease. Outside of the body it resists cold and moderate heat, yet direct sunlight destroys it in a few hours and it is readily killed by antiseptics. In water containing saprophytes it lives but a few days, while in pure water it lives several months. Its life in ice is about ten or fourteen days. In superficial soil and in feces it lives many months, unless exposed to direct sunlight. In sweet or sour milk, in butter or cheese, it may live for months. It is claimed by modern pathologists that infection arises generally through the germ cast off in the feces or urine, and indirectly carried to the water or food supply of the individual. It is also evident that the germ may be conveyed by food, clothing, soiled fingers, house flies, and flying dust, but almost invariably by drinking water or the milk supply.

ECLECTICISM.

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The merits of Eclecticism are bound up in the section of materia medica and therapeutics. In this we cherish the idea that we possess the best that the world has ever known. This is the distinguishing feature characterizing our school of medicine, and affords us the only reason for maintaining a separate existence. Go back with me, if you please, to the origin of our school and you will see the significance of the term Eclectic, which, by the way, has become a misnomer owing to its progressive changes, and the imperative necessity for such organization.

As the pendulum swings from one extreme to the other, so the tide of medical thought swung from the Allopathic to the Homeopathic, leaving the "golden mean" void, to be occupied by the Eclectic. The old, with their barnacle-laden materia medica and their knowledge only of the physiological and toxicological actions, and the new with their infinitesimal dosage and apparently meaningless indications, created an imperative demand for revision. Both possessing merits yet neither adequate to the demands, the Eclectic school was organized with a view of selecting the best from both to be utilized and assimilated, hence the name. Finding the source inadequate, the pioneers of our school, realizing that "necessity is the mother of invention," assumed the initiative and evolved the system of specific medica-

tion, the development of which carried us beyond the name Eclectic, the commonly accepted significance being "to choose."

The stereotyped expression, "There are no specifics in medicine," does not apply to us because of a wrong construction put upon the word "specific." According to the old school nomenclature there are no specifics that fit their nosological classifications, but we have developed a system by which we apply a definite or specific medicine to the correction of certain pathological conditions as observed by their local manifestations. We have learned not only the physiological and toxic effect, but have also discovered the medicinal action of the various sized doses, learning new uses for old remedies, eliminating the worthless and dangerous, as well as discovering many new ones.

The lack of a scientific system of medicine of the old school has resulted in the production of many medical nihilists. Do you wish proof of the superiority of our system of therapeutics? Go to the drug stores all over the land and ask for one of Lloyd's specifics. Go into the dispensary of any doctor of any school and look upon his shelves. Ask any doctor who has followed your advice in a consultation. He will acknowledge to you that he would not practice medicine without a certain specific that was previously unknown to him. And yet—lest we forget—in face of all this, we are driven by the force of public opinion to practice to some extent serum therapy. How extensively this will be foisted upon us is merely a matter of conjecture. That it will run to seed is to be expected. The enthusiastic advocate expects to cure all diseases with some serum or gland extract. The unfortunate feature of this that confronts us is the exploitation in the public press and among the laity of imaginary marvelous results in order to popularize and create a public demand for their use. Any physician refusing or neglecting to use antitoxin when diphtheria is merely suspected will be severely censured. Many other serums may be forced upon us in the same manner regardless of merit.

The moral of this is that no publicity should be allowed. A physician should, under no circumstances, tell his patient the name of the medicine prescribed. The reasons are obvious. If the physician with all his possibilities, his knowledge of the action of medicines and the various pathological manifestations sometimes misapplies remedies, what could be expected of any one who merely gives a passing thought to the few remedial agents coming under his observation? A guesser might guess right, but it would be only a guess.

Following the advice of a friend a lady procures a few aspirin tablets and proceeds to cure herself without the expense of a doctor. When she is found to be in a dangerous condition from the bad effect of the medicine a physician is hastily summoned. This is not merely fanciful. It occurred in my experience, and similar occurrences are very frequent with us all. Do not tell your patient what you are giving. They are not competent to judge as to the efficacy of medicines, for if they were they would not consult you.

Many bubbles have and many more will burst upon the medical sea, and many theories will be relegated to innocuous desuetude. Those who attempt to theorize up to a fact usually shoot wide of the mark, but we who know actual therapeutic facts may entertain erroneous theories as to why and how medicines act thus and so, but in the face of fact the correctness of the theories is of comparative indifference. It is known that viburnum opulus will cure muscular cramps even in an otherwise incurable case, but how or why it does is of secondary importance.

Since we have demonstrated that we possess a distinct individuality as a school of medicine and occupy a specific place that our absence would leave vacant, let us press forward with might and main, and in the words of the immortal Lincoln: "Do the right as God gives us to see the right."

DEATH IN UTERO.

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The death of the fetus may take place at any time from conception to full term. The causes are numerous and consist of falls or other injuries to the mother, apoplexy of the placenta, knot being tied in the cord, some disease or malformation of the fetus.

The symptoms depend upon the period of pregnancy in which the death occurs. Pregnancy seems to stop. The uterus does not continue its progressive enlargement. The breasts become flaccid and lessen in size. The woman has a vague, indefinite feeling that something is wrong. Maybe chilliness, lassitude, a sensation of weight in the abdomen. Will have fever and other signs of absorption when the child has decomposed and there is rupture of the membranes allowing the absorption of the poisons. We must remember in this regard that the child is in a closed sac which protects the inner surface of the uterus, and the absorption would have to be through the placenta or after some opening was made through the membranes. There have been cases reported where the woman passed parts of the decomposed fetus without having any marked symptoms of sepsis.

Later in the pregnancy the mother will say that the child has not moved for some days. But this symptom is only corroborative, as many children are not great movers. Cases have been known where the child did not move for days at a time. The inability to hear the fetal heart sounds is more positive. The uterine bruit is much decreased or absent. If, in addition to the above, we find upon making a vaginal examination the bones of the head feel loose and give the sensation of being contained in a flabby bag, or we can make out the macerated skull, we are justified in making a positive diagnosis of a dead child.

In the present wrong idea of "race suicide" we must hold every woman guilty of not wanting to experience the glorious, divine honor of motherhood until she is positively proven innocent. It would be impolitic to ask the question direct. Her sense of proportion might be so distorted

that she would feel justified in answering untruthfully. By clever leading you can give her a chance—most women need only half a chance to air their views on the duties of mothers, size of families, mothers' clubs, etc. You will gain your desired information because, if she wants the abortion produced, she will adduce arguments to justify her position. There are so many books on "what a woman should know," and some physicians are so accommodating in loaning their medical works, that when a woman wants an abortion performed she knows all the symptoms in the books, and then some. She does not go to those poor, ignorant vultures who eke out a precarious existence through their murderous practice. No; she goes to her family physician or some other physician, hoping he will be ignorant enough that her knowledge will enable her to pull the wool over his eyes so he will relieve her of her immediate troubles.

If the woman has none of the symptoms except absence of movement of the child, rest majestically "upon your oars," be a concrete example of masterly inactivity. Never under any circumstances go into the womb unless you have the positive indications that the child is decomposing and the mother is suffering from absorption of the products of that decomposition. When you are satisfied in your own mind that the child is dead and should be removed, call in a consultant, so you will have his moral support. When you decide finally to clean out the contents of the womb, do it thoroughly at one time. Do not merely open the mouth of the uterus or rupture the membranes and allow nature to bring on expulsion. Give the woman an anesthetic, rupture the sac, and remove all the contents. Possibly you will have some trouble getting the placenta. If you do, use your spiral curette or the spoon one, or, if necessary, go in with your hand and remove it entirely. You know that the womb will contract as soon as its contents are removed. If she does not, you can use Crede's method.

Two cases occurred in my work last winter. A Mrs. C. E., about four months pregnant, fell on the ice. Acknowledged she didn't want any more babies, but would not do anything to get rid of it. The baby had not moved for several days after the fall. She had no other symptom, except possibly some uterine cramp. Gave some pulsatilla and viburnum. She had spells every one or two weeks when she was sure she was going to lose it, which were always controlled by medication. While she would not acknowledge movement, the pregnancy continued its progress. After several false alarms she was delivered of a fine large child during March. Now no one could have the baby for love or money.

The other was a young married negro girl who was about four months pregnant. She tried to learn how to skate on the ice. She sat down quite forcibly. Then she tried to pull some children on a handsled and sat down again. Started to have pains and flooded some. Pulsatilla and viburnum stopped the trouble at once. Disregarding the orders of the physician, she got out of bed in a few days and started to work, with the result of a renewal of the hemorrhage. The same medicines stopped it again. Not ap-

preciating my "masterly inactivity," the case passed out of my hands. I have heard that she was delivered of the child in a few weeks.

THE CHILD'S BIRTHRIGHT.

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The child's birthright is a native right, a privilege or possession into which one is born; hereditary in descent from parents to child, the natural inheritance of previous generations. It has been built up by attritional elements contributed in its pathway from primitive man; meager, indeed, must it have been then. The child is the heir of the ages; he is the greatest national asset, as upon him depends the growth and perpetuity of any people.

The child's inheritance has reference more especially to his care and treatment after birth. In some countries the estates, titles, etc., go, by lineal descent, to the oldest son. Our forefathers wisely discarded this feature, and every child, male and female, is considered equal in law.

If honesty led men a century ago to preach the rights of man, it now brings us nearer to understanding that these rights are inseparable from the duties of man; that equality is not to be claimed, but given; that liberty comes by faith in the supreme purpose, not by man's independence of man ("The Child's Inheritance," by Greville McDonald, M.D.)

Luther Burbank, in "Training of the Plant," says: "All animal life is sensitive to the environment, but of all living things, the child is the most sensitive. Surroundings act upon it as the outside world acts upon the plate of the camera. Every possible influence will leave its impression upon the child, and the traits which it inherited will be overcome to a certain extent, in many cases being more apparent than heredity. The child is like a cut diamond, the many facets receiving sharp, clear impressions not possible to a pebble—with this difference, however, that the change wrought in the child from without becomes constitutional and ingrained."

A child aborts environment. It is the most susceptible thing in the world to influence, and if that force be applied right and constantly when the child is in the most receptive condition, the effect will be pronounced, immediate and permanent. When shall we begin? Just where we begin with the plants—at the very beginning.

It is said that the way to reform a man is to begin with his grandfather. But this is only a half truth; begin with the grandfather when he is a child.

I find the following quoted from the great Kindergartner Froebel: "The task of education is to assist natural development, so the early education is most important." If the child's inheritance was original sin, every effort should be made to eliminate the bad traits, cultivate the better ones instead.

The Dawn of Intelligence.—"The first dawn of the higher intelligence in the child is the light of joy. Intelligence is the ideal laying hands upon the world without, with all its needs of love, service and possession to make it

part of the self within. The first sign of this taking hold, for which the new fond mother so keenly looks for in her new-born babe, is the promise of laughter, the budding smile. The cry is the first sign of life; it is, as it were, the protest against the separate life—the first realization of "solitary anguish," the baby's message to the world of which he is the newly elected prince. So much will be granted by every mother and many a father" ("The Child's Inheritance.")

Imagination is the gift of heredity, is handed down from parent to child in untarnishable vigor perhaps in a hundred generations before it awakens in one. It is the common gift of all, even though parents and teachers ignore it. It brings to the child a great sense of deep joy in life and nature. It is what Blake calls the "innate sense," and should have full scope.

The Senses.—Says one, "I see, smell, taste, feel that everlasting something to which we are all allied, at once our maker, our abode, our destiny, our very selves; the one historic truth, the most remarkable fact which can become the distinct and uninvited of our thoughts, the actual glory of the universe, the only fact which a human being cannot avoid."

The Soul.—The soul, indeed, is no other than the regnant power of desire that is not bounded by dimensions of structure. Its very power is shown in its ability to go forth beyond its physical foundations in its gift of imagination, of finding the greatest meanings in the humblest needs; it must see through and not with the eye. Every soul is prince of a citadel within which he lives, and by means of which he concentrates his energy upon whatever he wills. There are five gates to the soul by which it receives knowledge of the external world. He is prince of them all." ("The Child's Inheritance").

Maria Montassori, an Italian physician, four years ago opened a school in Rome where the children, instead of being taught to be *quiet*, are taught to be *active*. Instead of being trained for the world of books they are trained for the world of life. Instead of what we call a "liberal" education, they receive a *liberating* one; the personality is brought into right relations with life, and "liberated into full action." She calls her school the "House of Childhood." She has "adopted the inductive methods of experimental science to insure the development of the individual under freedom, to his highest capacity." Her ideas have already spread beyond Italy, for Switzerland, we are told, passed a law in June of last year (1911) establishing her system in all of its public schools. Paris opened a model school in September; New York and Boston also have them, while preparations are being made to open them in England, India, China, Mexico, Korea, Argentine and Honolulu. (See *Literary Digest* for December 16, 1911.) This method seems to be somewhat like the inductive system of Pestalozzi, but is perhaps more elaborate. I see by a recent paper that such schools are about to be opened in Pittsburg, Pa.

One writer says: "The normal child is an interrogation point, as every one knows who has had experience in child management. A child naturally wants to know about the things that attract the attention through sight,

sound or contact, and, being able to sense these, it can comprehend only to a limited degree, beyond which all is nebulous; but it will take real delight in learning about things which it can comprehend, at least in a measure. Just here is where the trick in learning comes in." The teacher should learn the capacity of the child, learn its tastes and moods, and lead it along with loving care. "There is very strong feeling that children are burdened with too many studies, several of which are beyond their capacity for understanding, therefore they amount to tasks. There are too many studies, no one of which can be thoroughly mastered."

Says an exchange: "There are people born with irritable dispositions, and none of them are improved by being kept in constant turmoil or by being allowed to have free reign in displaying them. Most children are amenable to persuasion and wonderfully responsive to kindness. But no child can be improved under a régime of scolding, blows and rancorous bickering on the part of its elders, or the constant repetition of an attitude of hostility between these same elders. Th child intuitively resents any worry that may be inflicted upon it."

Race Characteristics.—Genius traits are born, handed down from one generation to another, not acquired. One family produces inventors, mathematicians, musicians or poets. Another is imbued with spiritual traits from whence come ministers of the gospel, missionaries and philanthropists. Others produce political leaders and statesmen. They are a part of the child's natural inheritance, and should be encouraged, not repressed.

Study the Child.—"The time has come when it is important to study the child with as much exactness as we would investigate the chemical elements of a stone or measure the mountains of the moon. As the seed of evil is usually sown in childhood and youth, it is here that all investigation should commence, for there is little use of making the world better if we do not seek the cause of social evils in their beginning."

The Child Heritage.—"Genius is hereditary and will express itself in a manner that may be readily understood. The children of the home have sooner or later to take their places in the world, and the character of those places is determined by the training given them through their earliest years. If love and sweetness of disposition are generated in their natures; if a fine sense of justice and a realization of the rights of others are given them as the underlying principles of life, they will reflect *just these* when they go out into the outer world and exhibit to that world exactly the type of home in which they grow up."

Making the Best of our Children.—"I have come to believe that children are the most important of a community, and that their interests are paramount to everything else. I have been thoroughly convinced that the child's individuality should be conscientiously regarded, his rights recognized and his existence of more interest than the adult." ("The Child's Inheritance.")

Parental Culture.—The mothers of the land should be better informed in child culture, as upon them rests the responsibility of raising the child

to become a useful citizen. She should be able to eliminate evil traits and promote to the best advantage the better traits of his nature, as truth, hope, love and faith. Mothers' meetings are doing a good work in teaching mothers how to train their children, but not all mothers can avail themselves of such meetings. The most important part of a successful life is proper education during *the first ten years* of the child's life by the mothers in the home, and upon them depends the training that promises good citizens. The influence of environment is not taken into account as it should be.

Amusements.—The community that provides best for the amusement of its young people has the strongest hold on them and is building most wisely for its future, and he who denies wholesome expression to the natural impulse of youth should have nothing to say when they stray into forbidden paths. It is worthy of note that the people are becoming interested in establishing playgrounds for the children. The country school-house, with its ample grounds, is an ideal place for the children. Some say, "In the human species it is generally believed the mother who gives the particular quality of genius to the child" (Greville McDonald in "Child's Inheritance").

I will conclude this paper by a quotation from Robert E. Speer, in "The Light of the World:"

"Christianity is the one religion that has taught the equality of woman with man. It produced the unique institution of the Christian home, and set the child as a matter of social and religious principle in the first place. We cannot overestimate the significance of the religious test afforded in a comparative study of the place of the child in the world religions. Christianity is the only religion that makes anything of the childhood of its founder. The other religions of the world either have nothing to say of their founders or preserve only a few insignificant traditions. And Christianity is the only religion that takes any particular account of the children themselves. The gospels are full of stories of Jesus' miracles in behalf of children, and of his love and tenderness toward children. The other religions are concerned with adults. Their message is a message for adults. Christianity is the only religion which prescribes the spirt of childhood as important. Christianity, indeed, makes it essential. No one can enter the kingdom of heaven who will not do so as a little child. Tradition says that Las-tse, the founder of Taoism, was born as an old man, and all the other religions demand as conditions of salvation what is consistent with, or far beyond, the spirit of childhood."

These are radical distinctions. How radical they are is seen in the consequences of the attitude of the different religions toward child character and life. From the beginning Christianity has had a tender solicitude for the child. Schools and orphanages and homes were its immediate products, and all over the world to-day the first anxiety of the Christian church is for the child. By loving rites the child is recognized in its infancy as having a place in the Christian institution, and its nurture and care are the concern of the church. "To children," as Uhlhorn says in "The Conflict of Christianity with Heathenism," "the gospel first gave their rights." I look upon

the Christian Endeavor as one of the grandest unsectarian agencies in the mental, social and spiritual training of the children and youth of our country. Its cosmopolitan influence tends to better citizenship all over the world.

The child's birthright is a much broader subject than I had contemplated. If this brief outline brings more attention to the subject, the purpose of this paper will have been accomplishd.

VINEGAR.

G. W. Harvey, M.D., Bigpine, Cal.

How seldom does the doctor stumble upon a really good and useful thing by his own efforts. Very often he finds good and useful things among the laity, and in fact all the gems in medicine have come from the laity or aborigines, and it is the wise doctor that is always on the alert for good things in humble places, for only through this means is the profession enriched in the widest sense of the word. The laity and the aborigines are true specific medicationists, after whom we can safely pattern, for they use medicines for conditions more than for the nosological aspect of diseases.

I do not know who discovered the medicinal virtues of our pleasant condiment, cider vinegar, but I rediscovered it by the merest accident as it were. I had a patient who was paralyzed from his hips down from spinal injury. He was the third generation afflicted with this, for grandfather, father and son had at fifty years fallen from a load of hay and injured the spine, and in this case a large slough took place, beginning over the sacrum and extending in every direction under the skin until it was as large as a cowboy hat. The stench from it was something vile, and nothing in the way of antiseptics did it any good, it still grew and stunk the more as time went by, until I was at the end of my antiseptics and almost my wits too, but it so happened on the morning of my complete depauperization of remedies, that on entering the kitchen I spied a good bottle of cider vinegar sitting on the table that the family had been using for salad, and without ceremony I picked it up and turned into it all the granulated sugar that would dissolve in it, then irrigated the slough with it and left instructions to use it twice more during the day. On the following morning the stench was gone and a pleasant odor of cider vinegar filled the room, the sore was clean and beginning to granulate and in three weeks was well. The pleasantest surprise of my life.

Cider vinegar has the property of stimulating the healthy granulation of a wound, and particularly one like the one described where there is no life in the tissues because the trophic nerves are paralyzed or deadened. It further kills the pyogenic membrane and destroys all pus, leaving the wound as clean as a fresh cut, and is so far ahead of peroxide of hydrogen, carbolic acid and mercury preparations that there is no comparison. Proud flesh in a wound treated with vinegar I have never seen, for its mild antiseptic properties encourage the trophic nerves to get busy and eliminate all

poisons and provide healthy tissue in the granulations. It is also a splendid antiseptic in typhoid fever and in diphtheria. I give it as a drink, just acidulating the water taken until it is pleasantly acid, and I also order the patient bathed with it two or three times a day, using a 25 to 50 per cent. solution of it, and so far my record has been 100 per cent. recoveries in these two serious diseases. Vinegar and the indicated Eclectic medicines have done the work successfully.

As a prophylactic in the two above-named diseases, as well as in the exanthemata, it is superior to chloride of lime, iodoform, carbolic acid, lysol, mercury, formaldehyde, or any of the other stinks in common use, so far as my experience goes, for where it has been used in all receptacles where disease discharges are received and evaporated from a shallow dish in the room, I have yet to see the second case develop in the family after I took charge. Of course, I have used medicine in conjunction with this, and cannot be sure which one deserves the most praise, but am positive that vinegar has its beneficial influence; that it is as powerful for good as are any of the lauded antiseptics that lay claim to professional esteem, mostly because of the stink that they possess. The medical profession, like the natives of Africa and the majority of the laity, imagine that disease may be exorcised by some horrible stink.

There are not a few remedies used by us that I believe would be enhanced in therapeutic value if they were made up as the old Eclectic acetic emetic tincture, which can hardly be improved upon. Lobelia, for instance, would, I believe, be a better antidote to the poison of diphtheria if in the emetic form; also echinacea, calendula, thuja and a few more. Last summer I made up an acetic tincture of calendula by macerating the flowers in pure cider vinegar, and I am now trying it out, so far with gratifying and encouraging results, and if it proves to be what it seems I will report later.

CANCER OF THE CERVIX.

John A. Welsch, M.D., M.E., Ph.G., Hannibal, Mo.

In cervical cancer we find the sovereign affection of the sex. In the sum total of misery, helplessness, mental anguish, loathsomeness and fatality it exceeds all others. The cervix is afflicted with cancer more often than any other portion of the body. It is estimated that one-third of all women who die from cancer die from uterine cancer. It is pre-eminently a disease of the child-bearing woman, and some authorities consider the liability to the disease to be in direct proportion to the number of children born. Available statistics would seem to show that subjects of cervical cancer have each on an average borne five children. It has also been known to follow an injury to the cervix, such as might follow dilatation, the constant irritation to which a lacerated cervix is subjected in the bodily movements, and especially coition is an exciting factor and favors its production. The various theories as to the cause of cancer are too well known to need elaboration from me,

besides it is far from conclusively proven that either of them are to be accepted as the correct one. But we do know that mechanical irritation is a factor in most if not all cases not preceded by malformation or nevus, and in many of such cases it is also a factor.

I shall also omit the classification of the forms depending upon the character of the epithelium in which they originate, and call attention to the appearance of the vaginal aspect of the cervix, which is usually affected in one of two forms, either as an ulcer or excrescence. The ulcerative form in its earliest stages is not easily distinguished from other ulcers, but as a true ulcer of the cervix attended by loss of tissue is of great rarity, its presence should always excite suspicion. Later, the ulcer assumes the character of malignancy, as is evidenced by raised and lumpy borders, an uneven necrotic surface, from which issues a purulent and offensive discharge, and a decided tendency to bleed. The excrescent form may appear in the shape of small rounded protuberances, or assume the form of a luxuriant cauliflower mass. The latter variety is of very rapid growth and may quickly fill the upper portion of the vagina, entirely concealing the cervix. These growths are very vascular and show a decided tendency to bleed. They usually show a tendency to grow toward the vaginal wall. This is not necessarily characteristic, however, as they may pass upward into the cervical canal or in the direction of the broad ligaments. Cancer of the cervix may take its origin in the cervical canal, in which instance it frequently grows toward the uterine cavity and may make great inroads before being recognized.

The distinction of the various types of cervical cancer holds good only in the earlier stages, as after infiltration and ulceration have taken place the clinical aspects are much the same. Cancer of the cervix shows little tendency to involve the lymphatics, and metastasis to remote parts seldom occurs. When such metastasis does occur the disease has usually advanced to such a degree as to make their consideration of little importance in so far as the patient is concerned.

Cancerous ulcers of the cervix discharge a peculiarly foul-smelling secretion which, while not pathognomonic, is, when present and taken with the peculiar characters and appearance of the ulcer, its uneven borders, induration and tendency to bleed, size and physical characters of the uterus, general condition and history of the patient, one of which is a peculiar lemon-tint of the skin and cachexia—other conditions having been eliminated—makes the diagnosis quite certain; whilst a scraping for microscopic examination may be of assistance in eliminating any doubt that may exist.

The principal symptoms are hemorrhage, discharge and pain, either one of which may be absent or only present in a limited degree at a given time. The tendency to bleed, however, is perhaps the most constant symptom. An excessive hemorrhage at the time of the regular menstrual period, or irregular bleeding between periods, may be the first symptom of disease noticed by the patient. The discharge may at first resemble the ordinary leucorrheal discharge, later becoming brownish in color from the admixture of blood, with a very offensive and persisten odor. Pain may be entirely

absent until the later stages of the disease, and may be burning or lancinating in character and referable to the lower pelvic region.

Another point of considerable importance in diagnosis is the character of the ulcer, which is friable in cancer; the edges may be readily fractured by the thumb nail, while in other ulcers the tissues are inclined to be velvety, tenacious and elastic. A cancerous cervix is rigid and undilatable, and will not relax and soften under dilatation, while in other forms of ulceration the cervix is more easily dilated and softens under repeated dilatation. Taking into consideration the various conditions enumerated, when present, will practically eliminate error in so far as a diagnosis is concerned.

The treatment usually recommended is complete and early removal of the uterus and as much of the surrounding tissue as practicable in a given case. I believe, however, that much may be accomplished by medical treatment in selected cases, and, as an illustration, mention the following case:

During the summer of 1911, Mr. M., an elderly gentleman, came to my office for medicine for his wife, who was having hemorrhage from the vagina. She was sixty-seven years old and rather delicate, he said, but had passed the change some twenty years before; had noticed no discharge of any kind until a couple of months previously, and there was an occasional and more or less continuous discharge of blood in small quantity. Warm water douches having failed to improve conditions he came for medicine. I explained to him that hemorrhage of that character at the age of his wife was indicative of a serious condition, and that I could give him no medicine, but he should bring his wife to the office for examination. This he did and I found adherent to the anterior lip of the cervix a growth about the size of an ordinary walnut, a little darker in color than raw meat, and a decided tendency to bleed. The manipulation necessary in making the examination causing quite a little hemorrhage. The patient was nervous, anemic, peculiar yellowish tint of skin, complained of a burning pain not particularly severe in the lower pelvic region. Constipation prevailed, as it usually does in these cases until the involvement is extensive, when a diarrhea may develop.

I irrigated the vagina with a strong permanganate solution, wiped it thoroughly dry with absorbent cotton, packed some pledgets of cotton around the growth, and applied thoroughly to every part of the growth a saturated solution of trichloracetic acid, wiping off the excess and using care that it did not come in contact with the vaginal wall. I then removed the pledgets from around the growth and covered the growth, cervix and vaginal walls with a coating of compound stearate of zinc powder, packed a strip of gauze against the growth and ordered the patient to remove it after twenty-four hours. Internally I gave the patient arsenic iodid., 1-50 gr. after meals, and a vegetable cathartic pill to be taken at bedtime often enough to keep the bowels active. The local treatments were given two or three times a week until the growth had been entirely removed, together with that portion of the cervix forming its base; gauze, wet with a solution of Lloyd's hydrastis, was placed against it after irrigation with a mild antiseptic solution until healing was complete. The arsenic iodid pills were continued a month after

healing was complete and instructions given as to keeeping the bowels regular. This woman is well to-day. This and similar experiences has convinced me of the efficacy of a medical treatment for cancer.

ACUTE FOLLICULAR TONSILLITIS.

W. F. Carson, M.D., Berlin Center, O.

Since Strassmann reported thirteen cases of tuberculous tonsils in twenty-one tuberculous cadavers the tonsils have received considerable attention from medical pathologists. But, since the above finding was given out, some other observers have failed to find the tubercle bacilli or the characteristic tuberculous changes in the tissues of the tonsils of those severely afflicted with tuberculosis. Notwithstanding, practically all writers agree that various pathogenic organisms do find entrance to the deeper tissues of the tonsils, lymphatic glands, and practically to the whole system, through these organs.

I do not wish to enter into a discussion of the various types of the diseased tonsil and its effect upon the general system, but to remind you that many writers argue that rheumatic fever, scarlet fever, tuberculosis, acute endocarditis, pulmonary gangrene and other infective conditions have their initial lesion in the tonsil. I hope this phase of the subject may be fully discussed upon the conclusion of the reading of this paper.

Watson Williams says that if the tonsils are in some measure a protection against the invasion of micro-organisms their protective power is limited, and, when this limit is passed, they are a positive source of danger. The crypts and fissures of the tonsils may become "traps" for microbes, and the peculiar anatomical arrangement of their investing epithelium, described by Stohr, opens the gates to their invasion into the tissues of the tonsil, whence, through the lymphatic channels and vessels, they may gain an entrance into the system. On the other hand, Jacobi has recently called attention to certain clinical and anatomic facts which prejudice strongly the likelihood of frequent systemic invasion by way of the tonsil. He cites comparatively few changes which take place in the cervical lymphatic glands in connection with inflammation of the tonsils, and assumes that a free communication between tonsil and the system by way of the lymphatics is prevented by a dense fibrous structure intervening between tonsillar tissue and the site of the implantation. He contends that as a result of repeated acute and chronic inflammatory changes in the tonsil the tissues in adult life are rendered less permeable to bacillary invasion than in infancy. Bonney questions the rôle of the tonsil in constituting invariably an open pathway of infection to the cervical glands.

With this digression, and you will pardon me for making it, I now proceed with my subject, "Acute Follicular Tonsillitis," which is known also as acute lacunar tonsillitis, infective tonsillitis, or cryptic tonsillitis. It is an inflammation of the tonsil caused by a lesion of the epithelium which lines the follicles or crypts, and that some form of micro-organism has penetrated

it. This condition may be produced by the retention of exfoliated epithelium and other debris in the crypts. The retention is caused by the restriction of the mouths of the crypts by previous inflammation and by the covering of some of the mouths of the crypts by the plica tonsillaris and plica supratonsillaris so that the crypts are not emptied. The toxin thus evolved causes injury and death to some of the cryptic epithelium, opening the way for the invasion of bacteria into the tonsil and the circulatory systems—thence the constitutional disturbance during this disease.

Acute tonsillitis may be due to pneumococci, stereptococci, and staphylococci, which are almost constantly present in the crypts of the tonsils; and it may be caused by catching cold, overeating, overwork, loss of sleep, etc., which lowers the resisting power and favors the growth of the pathogenic bacteria.

This disease is very common in children, common also in young adults, very rare after the fortieth year of life.

Symptoms.—The onset is sudden and is attended by malaise, chilly sensations and fever. The fever gradually rises until the end of the second or third day and in children may reach as high as 104° to 105° F.; older patients not generally quite so high, 102° to 103° F. There is considerable headache, backache and legache. There is soreness upon swallowing, which, as the disease progresses, becomes very painful. The inflammation may extend to the mucous membrane of the pharynx, Eustachian tube and the middle ear, involving also the pharyngeal and lingual tonsils as well as the faucial. Through the reflexes there may be pain in the ear. Tinnitus may be present The gland under the angle of the jaw becomes swollen, tender, and very painful upon swallowing. The voice is thick and indistinct from the swollen condition of the glands. It is painful to open the mouth sufficiently to make a careful inspection of the diseased condition. The tongue is coated with a dirty yellowish fur, the breath offensive and fetid. There may be albumen in the urine.

At the onset the tonsil is red and swollen and the mucous membrane covering the pillars of the fauces and pharynx is redder than normal. At a later period the tonsil and pharynx are still more swollen. If the case is seen early, over the tonsil, at the mouth of the crypts, we will see grayish yellow points. As the disease progresses these points may coalesce, forming a coating more or less over the tonsil. This exudation or pseudo-membrane is *always* located upon the tonsil. If it should extend upon the uvula, pillars of the fauces, up into the nasal cavity, or upon the pharynx, we have something more than tonsillitis to contend with.

Differential Diagnosis.—The diagnosis is not generally difficult to make. However, in some cases, it may be mistaken for diphtheria. The differential points are so obscure that dependence must be placed upon the microscopical findings.

In acute follicular tonsillitis the onset is marked by a sharp rise of temperature; rapid, bounding pulse; exudation soft, friable and *always* limited to the tonsil and not closely adherent; Klebs-Loeffler bacillus absent.

In diphtheria the onset and rise of temperature is more gradual and the temperature does not rise so high; pulse not bounding, not much increased in rate, but depression marked; exudation leathery, firmly adherent and not necessarily limited to the tonsil; may be removed in strips, leaving a raw-looking surface. The glands at the angle of the jaw in a mild case of diphtheria are more swollen than in a severe case of tonsillitis. Albuminuria common. Klebs-Loeffler bacillus always present.

If the clinical indications are such that one is led to believe he is dealing with a case of diphtheria, though the Klebs-Loeffler bacilli be not found, it should be so regarded and the patient placed under quarantine.

Treatment.—If seen within the first twenty-four hours of the attack, one application of a 50 to 90 per cent. solution of nitrate of silver, applied locally, will in nearly every instance cut short the attack. A second application is rarely required for by the following day the disease is completely under control. Care should be taken in making this application that some of the solution be not drawn into the larynx or trickle to it, thereby causing violent spasm of the larynx. The cotton-wound applicator should be pressed against the side of the container, that no excess of fluid remain. It may be necessary to use a curved near-the-point applicator, so that the back part of the tonsil may be reached. The entire tonsil should be treated.

When not seen within the first twenty-four hours, I can most highly recommend the following treatment. For the past ten years I have used this treatment and I am convinced that I cure my cases now in one-half the time I formerly did with any other treatment I was familiar with, and rarely any sequelæ.

I begin the treatment by giving a tablet of one-tenth grain of calomel, dissolved in the mouth, every hour until ten tablets have been taken; two grains salicylate of soda every two hours, dry in the mouth, so that when swallowed it may come in contact with the tonsils.

℞ Specific medicine phytolacca, gtt. xv; specific medicine echinacea, ʒii; tr. guaiac, ʒi; water, q.s. ʒiv. M. Sig. One teaspoonful every two hours, alternated with the salicylate of soda.

I swab the tonsils every hour with full strength peroxide of hydrogen, allowing no two remedies to be used at the same time. For the aches and high fever with bounding pulse, for an adult, one of the following tablets every two hours; children, part of a tablet, as per their age and condition. Do not give more than five doses of these tablets in twenty-four hours and none at all after the severe aches are under control:

℞ Acetanlid, gr. 2½; camphor monobrom., gr. ½; sodium salicylate, gr. 1; ext. hyoscyamus, gr. ⅛; sp. gelsemium, m. 2.

An excellent application to the angle of the jaw and over the painful ear is hot sacks of salt. The sacks should be about eight inches square and enough salt to make them a little more than an inch thick and quilted in two inch squares. When one is in use another should be heating. They should be kept on night and day.

If, after the faucial tonsil appears to be well, the febrile symptoms con-

tinue, the pharyngeal and lingual tonsils should be examined with a laryngeal mirror for evidences of inflammation, for it is not unusual for these tonsils to be simultaneously involved.

If there is a history of repeated attacks of acute follicular tonsillitis the tonsils during the interval between the attacks should be removed by the dissection method.

DISCUSSION.

Dr. R. E. Holmes: I beg to differ in regard to diphtheritic bacillus not being present in follicular tonsillitis. I think you will find it present, and you will also find it in healthy throats at times. Another thing, I think in our city we have as many cases of follicular tonsillitis treated as diphtheria that are not diphtheria, as cases of diphtheria, and to distinguish the difference between the two conditions is very hard to do in the start. We have a great deal of it in our city, and I find the best way to find whether it is diphtheria or follicular tonsillitis is by taking some instrument and if you clean off the secretion and find a healthy mucous membrane, then you have follicular tonsillitis. If it is anywhere else than on the tonsil, then you have something else than follicular tonsillitis. The secretions from tonsillitis are usually white, and when you get a sort of yellowish-gray secretion you can look for diphtheria.

Dr. E. G. Sharp: I would like to ask the doctor what he gives calomel for in these cases.

Dr. Andrus: I just want to mention one local application in the early stage of tonsillitis, and that is to paint with iodine. Get into the follicles if you can.

Dr. J. C. Mitchell: Tonsillitis, according to my belief, is merely one form of rheumatism. Some years ago there was a theory originated that rheumatism was a germ disease and the infection entered through the tonsils. They were on the right track, that rheumatism and tonsillitis were the result of the same trouble, and that is insufficient digestion. You will never find tonsillitis in a vegetarian; it comes from too much nitrogenous food. When I was a cannibal I used to have tonsillitis every once in a while, but I stopped eating meat and I have never had it since.

My treatment was usually lysol—about ten drops to an ounce of water. I also cleaned out the bowels, because you will never be able to do anything for any case of sickness so long as the sewer is not flushed. That is why Dr. Carson used calomel. I sometimes use it, too.

Dr. Abbott: I quite agree with Dr. Holmes that the diphtheritic bacillus may be found in follicular tonsillitis as well as in healthy throats. Second, that the everyday diagnosis of diphtheria may be more easily made by the macroscopic than by the microscopic examination. Third, as to using calomel, I believe every true Eclectic has a perfect right to use his judgment and select calomel if he desires, although I think we have other remedies that are as good or better. I think some of the granular salts, like Epsom salts, will do just as well as calomel, and while I commend most heartily the learned and scholarly paper in many ways, I rather deprecate his judgment.

Dr. Mundy: If you find the diphtheritic bacillus and report it to the board of health, are you not obliged to call it diphtheria? You must then isolate and quarantine.

Dr. Dawson: How many who condemn calomel have ever tried it?

Dr. Mulholland: I have used it, but it is so terribly uncertain that it is just as well to drop it. But I believe in letting the disease show in the throat. Diphtheria is the disease that kills without any sickness that you can discern. Tonsillitis makes the child sick. In the last few years I will admit the old

school people have given us a great remedy in antitoxin, but they want the money, and where I used to use 3,000 units, now I have to use 10,000 to 12,000 units.

Dr. Smith: I never use local applications for tonsillitis. In grown-ups I give them a gargle if they want it, and in children I never give anything. I use phytolacca externally, and I hardly ever make more than four calls. I give the child one-tenth grain of calomel with peppermint. I have never had any bad results from calomel, and always find I get good results.

Dr. Andrews (California): You will know by the odor whether it is diphtheria as soon as you enter the house.

Dr. Carson: I got just what I expected when I wrote this paper. With reference to the theory of germs getting into the system through the tonsils, there is no doubt that rheumatism follows tonsillitis, but I do not agree with Dr. Mitchell that tonsillitis follows inflammatory rheumatism. Why do I give calomel? Everybody ought to know that without asking. It acts on the tonsils. I know that in three days I will have the patient out of bed with this treatment, and put him on his feet and get him to work. I give calomel first of all to unload the bowels—one-tenth grain every hour until you get a grain. I never have any bad results. Now compare that with Dr. Abbott's Epsom salts for a child. I have raised children and I know something about giving salts to children. They will take the tablet of calomel and want more. It is pleasant, it does the work, and has a special action on the tonsils, and then it moves the bowels.

I think if you find diphtheritic bacillus in the membrane you should report it as diphtheria and not tonsillitis. In regard to the diagnosis of diphtheria, I have tried to make it plain that the tonsils consist of these little crypts, and there the bacilli get in and make a little yellowish point which gradually cover over, and then if you take it off the surface and it is red underneath it is not diphtheria. In diphtheria the membrane is tough, but it is white.

A COMBINED MEDICAL AND SURGICAL CASE.

We select this particular case because it clearly defines the line of demarcation between medical and surgical interference. This case involves both medical and surgical science and is exceedingly interesting from a standpoint of the medical and surgical sciences.

This patient was operated on at St. Joseph's Infirmary, and carries with him the following interesting history and pathology: Age, twenty-seven; book-keeper or office man by profession, who had complained of gastric disturbances for many years. In addition to these, he had an almost constant pain in the right hip, or, more specific, inside the innominate bone. He had some rigidity of the rectus muscle on the right side; some tenderness along the entire length of the rectus muscle. In addition to the above, a distinct tumor or mass could be felt on the right side, which was easily movable. He had some pain, at times, in the region of the right kidney and a few times passed blood in the urine. This case has been examined, treated and observed by several good men of the profession. His brother being a prominent physician entitled him to the painstaking care and courtesy that one doctor's family should receive from a brother physician.

The movable mass was diagnosed as a floating kidney, which diagnosis proved to be correct. Upon further examination, on the operating table, under an anesthetic, it was decided to open in front, on the right side, over McBurney's point, or a little to the right or external of this point, that the appendix might be exposed and removed. While under the anesthetic, before making the incision, we could feel a distinct nodule on the inner side of the ilium, which was not movable but firmly fixed. The belly wall was thin, which enabled us to outline the anatomical structures better than in the ordinary case. In opening the abdomen we found the appendix doubled upon itself and adhered with slight adhesions to the peritoneum and the periosteum of the innominate bone. The adhesions were easily broken up and the appendix brought up to the wound. The position and adhesions of the appendix account for the pain in that region, which is not the usual pain accompanying either acute or chronic appendicitis. The meso-appendix was clamped with a small artery forcep and dissected loose to the base of the appendix with curved scissors. A clamp was placed at the base of the appendix and the appendix removed. A purse-string suture was anchored around the base and the stump was invaginated. The suture material used was ten-day chromic catgut. The invaginated area was then lemberted with the same strand of catgut, the suture extending on down the line of incision, enclosing the entire meso-appendix.

We examined both kidneys and found the right one floating or movable, but the left one was firmly fixed in its normal position. The gall-bladder was practically normal. The stomach was much dilated and extended below the umbilicus. It filled the entire hypogastric area. At this juncture, we closed the abdomen, first sewing the peritoneum with catgut and closing the abdominal wall with through-and-through silkworm sutures. The patient was then turned on his left side with a sandbag under his side. We made an oblique incision in the lumbar region on the right side of the spine, exposing the kidney fat, or what is commonly known as the fatty capsule of the kidney. We opened this, which exposed the kidney, and then opened the true capsule of the kidney from pole to pole or the entire length of the kidney. By blunt dissection we stripped the capsule free from the kidney substance, as though we intended to do Edebohl's operation. We then split the capsule with scissors about midway of the kidney, which gave four separate pieces of the true capsule, to be used as tie ropes in anchoring the kidney. We removed the surplus fat of fatty capsule and anchored into the fascia and muscles of the back with four separate and interrupted twenty-day catgut suture. After anchoring each corner firmly to the fascia and muscles of the back with twenty-day chromic catgut, doubled, we closed the wound with silkworm-gut sutures, placing two of them through the true capsule of the kidney which had been anchored into the fascia, closing the wound without drainage.

The interesting features of this case are many, inasmuch as there was much surgical pathology and considerable pathology that was not amenable to surgical science. The stomach was dilated and there was general ptosis

of the stomach, pancreas and liver. The dilated condition of the stomach, while it may be the result of surgical pathology, cannot be remedied by surgical interference, but remains within the realm of surgical science.

In giving the history of this case, we neglected to state that this patient was below normal weight and was inclined to be a neurasthenic. It remains to be seen to what extent the surgical pathology influenced this case. We are inclined to believe that the pathology of the appendix and the right kidney were the primary lesions and that the gastric and other pathological conditions were secondary to them. The dilated stomach will be relieved greatly by the surgical work, but to anticipate a complete recovery of all the gastric disturbances would be purely speculative and somewhat fallacious reasoning.

It is our opinion that this case will need tonic treatment to the stomach, persistently carried out, for an indefinite period of time. We recommend the use of such agents as gentian and hydrastis. There may be better agents that are better adapted to this condition than either of these, and I do not undertake to pose as an expert on therapeutics, hence I leave the medical side for free discussion, as well as to invite criticism on the surgical part. Our prognosis is a complete recovery with a slow convalescence, and much care and patience must be exercised while the system is making a fight to regain its former normal position.

BRONCHO-PNEUMONIA.

Harry Werner, M.D., Thomas, W. Va.

There has always been a great fascination for me in the study of pneumonia. Its varying complications, its diversity of symptoms, its near kinship to other diseases, require more painstaking diagnosis and scrutiny than any other of the many children's diseases met with by the profession. Its oft-times fatality makes it one of the diseases to be dreaded, not only among the younger physicians but among those who have spent years of faithful study and practice. What physician has not more than once fought for hours by the bedside of some pneumonia patient, racking his brain and exhausting his medical skill, only to see the child go in spite of his most stolid efforts? I maintain, however, in face of all this, that pneumonia need be fatal in but very few cases.

We need a more careful study of this most critical of diseases and a better understanding of the action of the remedies we are applying, and a forceful requirement of nursing. These three paramount necessities I shall try and bring out clearly in this paper, and trust thereby that I shall be able to prove what I have already said, that pneumonia need be fatal in very few if any cases.

For the lack of time I shall hurry over the definition and touch only lightly the subjects of etiology and pathology, of which I am sure you are

well acquainted, and spend most of the time given on the treatment and management of broncho-pneumonia.

Synonyms.—Lobular, vesicular, disseminated, catarrhal pneumonia; broncho-, alveolar catarrh, suffocative catarrh, peribronchitis, capillary bronchitis.

Definition.—An inflammation of a few or many of the terminal bronchi and air vesicles and interstitial tissue which make up the lobules of the lungs.

Etiology.—For convenience of study we divide broncho-pneumonia into primary and secondary, the latter again being subdivided into many groups.

Primary broncho-pneumonia comprises all such cases as arise without antecedent illness, caused by the pneumococcus and is distinguished from the the secondary disease by its abrupt onset and occurrence in healthy children.

Secondary broncho-pneumonia as its name implies, comprises all such cases as are secondary to other diseases. The majority being the outcome of acute bronchitis or bronchial catarrh which commonly accompanies certain of the specific fevers, especially measles, whooping cough and influenza. The remainder being of a septic origin and those which terminate in such diseases as marasmus, splenic-anemia and chronic diarrhea. The exciting cause of broncho-pneumonia is sudden change of temperature or exposure, it being more prevalent during the winter months, and in overcrowded sections with poor ventilation.

Pathology.—My facilities for studying the pathology of this disease have been limited. But from the general conditions I would expect on examining the lung of a demise to find the walls of the bronchi and air vesicles thickened and filled with mucus pus, epithelium and leucocytes.

Symptoms.—As the severity of the disease is varied, so are the symptoms of the onset. In the primary form the onset is generally abrupt and rapid. The respiratory difficulty, fever and cough are generally the first things noticed. Vomiting may occur at the start. Convulsions are rarely seen and rigor almost never, differing from the lobar pneumonia in this respect. Whilst in secondary broncho-pneumonia the onset is more gradual, catarrhal symptoms preceding may continue for about a week, gradually increasing in severity to pass into the more serious disease.

General Symptoms.—The skin is either hot and moist, or dry and burning. Respiration rapid, ranging from 40 to 85. I have seen one case where respiration reached 100 per minute. The number of respirations depending mostly on the amount of the lung tissue involved. The breathing is often accompanied by a short grunt or gasp at the beginning of inspiration. Properly treated cases will not be bothered with marked dyspnea or cyanosis. The pulse most always rapid, ranging from 140 to 185, usually weak and frequent. The cough is dry and hacking and often very frequent and distressing. The temperature shows wide variations in broncho-pneumonia, ranging from 100 to 106, more often higher in the primary than in the secondary form. At first the child exhibits great restlessness and anxiety, as

the disease progresses it becomes drowsy, and in severe cases lies in a comatose condition. Diarrhea almost always accompanies broncho-pneumonia.

Regarding physical signs it is generally noticeable that the upper parts of the chest are prominent and the thorax held in the position of inspiration. Palpation and percussion do not reveal very much except what you are all familiar with.

Auscultation.—Over the front of the chest breathing may appear somewhat harsh. Rales of various sorts and sizes may be audibly scattered over the lungs, often moist in the small and dry in the large tubes.

Complication of broncho-pneumonia are, mainly: Otitis media, empyema, purulent pericarditis, purulent peritonitis, and purulent meningitis.

Diagnosis.—The rapid pulse, high temperature, and the rapid, labored respiration, with the aid of inspection, percussion and auscultation, will give us little trouble in making our diagnosis.

Prognosis.—Broncho-pneumonia is considered by the Allopaths to be the most serious of all pneumonias. Carr in his work on pediatrics gives a mortality of 60 per cent. of all cases in the primary; and in secondary cases occurring in bronchitis, whooping cough and measles 64 per cent.; in diphtheria, sepsis, marasmus, and congenital syphilis 100 per cent. But with specific medication I feel sure that the mortality should not be over 2 to 4 per cent.

Treatment.—The treatment will consist in rendering the patient as comfortable as possible and following out the specific indications. A prescription which I give almost invariably in pneumonia is aconite, ipecac and bryonia. You can hardly have a case of pneumonia without indications for these three remedies; for you invariably have a weak, frequent pulse and always have a high temperature and inflammation, for these, aconite is the remedy. For the general inflammation of the lung tissue you use ipecac and bryonia. I use the last two regardless of the usual specific indications as red-pointed tongue or vibratile pulse. However, in following indications if the pulse is strong and bounding I use veratrum; if the face is flushed, eyes bright and pupils contracted and great restlessness I use gelsemium; if the face is pale and expressionless, the pupils dilated, child sleeps with its eyes partly open, with these indications if the cough is tight, give belladonna in small doses, but, if cough is loose, lungs filled with mucus, give belladonna in large doses, just short of physiological effect to check secretions and flush capillaries. This distinction in size of dose of belladonna I consider important. Where there is restlessness with jerking and crying out in sleep, I give rhus tox. In painful respiration where the child catches breath at the end of inspiration, showing that the pleura is involved, asclepias is an excellent remedy. Where the breathing is labored, and lungs stopped with mucus, give lobelia. Where the cough is loose with such an excessive amount of mucus that you hear the patient rattle when you enter, give tartar emetic; this I consider one of the best remedies we possess for those indications. If the pulse is weak, patient pale, with an excessive amount of mucus, cough loose, and a stimulating expectorant is required, give carbonate of ammonia. Where pulse is

weak and fast, a heart tonic required, give cactus; this slows the pulse. I sometimes combine this with aconite where the pulse is exceptionally weak and fast. If special stimulants are required use whisky, strychnine, digitalis or any stimulant that may be indicated throughout the course of the disease.

As a local application I use libradol or comp. emetic powder, always careful to avoid anything heavy or weighty on the chest, such as antiphlogistine. For example, a child breathing an average of fifty times per minute and lifting a weight of from half to one pound at each respiration would lift in twenty-four hours the enormous weight of 36,000 pounds, which would necessarily take all the strength the child possesses. This also prevents proper aeration of the blood.

Always avoid giving things that depress the heart such as the coal tar products. Never give a physic, use the enema or glycerine suppositories. As for nourishment I give a liquid diet only.

Instructions to Nurse.—Ventilate the room well, remove superfluous curtains and hangings. Let in all the sunlight you can, have the child's clothes removed and gown put on. Have child sponged every day with warm water followed by an alcohol rub. Allow no one in the room except those who do the nursing. Never wake the child for medicine as sleep is as essential as medicine. If gas is used for heating see that the pipe is connected to the heater and a vessel containing water placed upon the stove. If steam is used for heating arrange in some way to make the atmosphere moist, as a dry atmosphere is irritating to the lungs. At this place let me mention the use of the thermometer; I do not use it. As an accurate temperature is hard to obtain and almost useless if gotten, and a child has an instinctive horror of the thermometer and will squirm and twist and worry itself, often raising the temperature a couple degrees. But you can always depend upon the pulse as a reliable means of ascertaining the child's condition, and by practice can tell by touch as accurate as necessary the amount of fever the child has.

In conclusion would say that I have within the last two or three years treated over one hundred cases of broncho-pneumonia, and am proud to say that with the treatment above outlined, I have lost but one case. In that instance the child, previously treated by another, was cyanosed, the respiration 96, pulse 108.

By the treatment mentioned I have been able to cure quite a number of cases that other physicians using other systems had given up. I recall two cases, especially; the first, where a child had cerebro-spinal meningitis and cholera infantum in the fall and never fully regained its normal health and strength. The following January it contracted broncho-pneumonia. The pulse was 185, respiration 80, bowels moved thirty-six times in twenty-four hours, and thanks to that treatment the patient fully recovered. The second case the child had a typical case of lobar pneumonia; lower lobe of right lung being involved. After the temperature and pulse were normal for four or five days the child developed a typical case of broncho-pneumonia, but afterwards recovered nicely, notwithstanding the fact that there was a tubercular tendency in the family.

ECLAMPSIA—INFANTILE CONVULSIONS.

Alice Lyon Fitch, M.D., Darien, Conn.

Convulsive seizures, similar to those of epilepsy are frequent in children. The fit may be identical with epilepsy. The conditions differ in that when the cause is removed there is no tendency for the fit to recur. Occasionally the convulsions in children continue and develop into true epilepsy.

Etiology.—Convulsions in a child may be due to many causes; due to a disturbance of the nerve centers causing sudden and successive nerve discharges. The most important are, first; debility, resulting from gastro-intestinal disturbances and an attack of entero-colitis; often proves fatal. The death rate in children from eclampsia is equal in number to those occurring from gastro-intestinal disorders.

2. Peripheral irritation. Dentition alone is rarely a sufficient cause for convulsions, but may be one of the factors in feeble, unhealthy infants. The greatest mortality from convulsions is in the first six months before the teeth are through the gums. Overloading the stomach with indigestible food often brings on convulsions. Some cases are toxic caused by absorption of ptomaines. Convulsions are often attributed to worms, but they probably have little influence. Other sources are phimosis and otitis.

3. Rachitis. The spasms may be laryngeal. A child crying through convulsions can rarely be called eclampsia. This condition is found more frequently in Europe, although rickets is a common disease, particularly among the colored people. Spasm in rickets are associated with deblity and malnutrition.

4. In young children the onset of infectious diseases is frequently ushered in with convulsions and takes the place of a chill in adults. Scarlet fever, measles and pneumonia are often preceded by convulsions.

5. Congestion of the brain. The extreme engorgement of the blood-vessels in whooping cough, but rarely in this disease. This shows how small a part mechanical congestion plays in the production of fits.

6. In diseases of the nervous system convulsions usually accompany. In about 50 per cent. of infantile hemiplegia the affection follows convulsions. They occur with meningitis and with inflammation of the brain. Convulsions may occur immediately after birth and continue for weeks. Convulsions in children are very similar to true epilepsy. It does not follow that convulsions in children shall cause epilepsy in adults.

Symptoms.—The attack may come on suddenly without any warning, preceded by grinding of the teeth, restlessness, spasms. Beginning in the hands, very frequently in the right hand. The eyes are stary and rolled up. The body becomes stiff and breathing is suspended for a moment or so and the face becomes congested. Clonic convulsions follow. Hands and arms are extended, face contorted and head thrown back. After the attack subsides, the child drops into a stupor. Often attacks follow rapidly until coma and death. Paresis may develop after recovery. The temperature often rises during the convulsion. Death rarely occurs from the convulsion, ex-

cept in debilitated children or when attacks are very frequent. In a hydrocephalic condition in connection with protracted diarrhea, convulsions may prove fatal.

Diagnosis.—Coming on when a child is in full health, the convulsions are probably due to overeating or some simple cause that will not prove fatal. When a child is debilitated the prognosis is not good, neither with rickets is prognosis good. After the second year convulsions coming on irregularly without any apparent cause and recurring when the child is apparently in good health are likely to prove to be true epilepsy.

Prognosis.—Convulsions play a very important part in infantile mortality. In a chronic diarrhea convulsions are usually of ill omen. Those preceding the infectious diseases are rarely serious, and the same may be said of fits associated with indigestion and peripheral irritation.

Treatment.—Remove all sources of irritation. If caused by indigestible food give emetics followed by an enema. Examine the teeth and if the gums are swollen and hot lance them. If the paroxysms are present lose no time in giving a hot bath, but give chloroform and repeat if necessary. This procedure is quite harmless and saves valuable time. In case of fever the head may be douched with cold water. Temperature of the bath, 95-96 degrees; a hot bath is not suitable particularly if fits are caused by indigestion. After attack place icebag on head. If there is too much irritation, particularly in rickets and in some cases of diarrhea, small doses of opium will be found beneficial. When convulsions recur after the child comes out from the effects of chloroform, it is best to place child under opiates. May be given as enema or in doses of 1-25 to 1-30 of a grain for a child of one year. Chloral is also recommended in 5-grain doses and nitrate of amyl. After the attack has passed bromides may be used. Five to eight grains may be given in a day to a child one year old. Recurring convulsions, if they come on without any special cause should receive most careful and thorough treatment with bromides. When associated with rickets the treatment should be directed to improving the general condition.

MEASLES—RUBEOLA MORBILLI.

Florence Stir Smith, M.D., Newark, Ohio.

Definition.—Measles is an epidemic, contagious disease more widely prevalent than any other of the eruptive fevers. Few persons reach maturity without contracting this disease. One attack usually, but not always confers immunity. It is highly contagious from the beginning of invasion, and spreads with great rapidity from the patient to all susceptible persons. The poison does not cling to clothing and apartments as does scarlet fever.

The period of incubation varies from eleven to fourteen days, although cases have appeared in nine days and as late as twenty and even thirty-one days. There is a gradual invasion of three or four days of acute coryza and dry cough, followed by a maculo-papular eruption, appearing on the fore-

head near the root of the hair which spreads slowly to all parts of the body followed by a bran-like desquamation, which is completed in about one week.

The mortality is quite low, except in young infants and delicate children. In institutions no disease is so dreaded as measles, because of the complication of broncho-pneumonia. After the fourth or fifth year the mortality is lessened.

Etiology.—The essential cause is as yet unknown. It is generally believed to be due to a micro-organism, but so far isolation has been impossible. The poison contains remarkable powers of diffusion, but the vitality is much less than most pathogenic germs. Short exposure only and not close proximity is necessary for communication. Very young infants are not usually infected so readily, though a case has been reported at two days. Older children and adults who are not previously immunized will contract measles. It seems to be the most highly contagious of all eruptive diseases. It is most severe in autumn and winter.

Incubation varies from nine to thirty-one days. Most cases occurring from eleven to fourteen days. The duration of infection period is much shorter than that of scarlatina. The average duration being about three weeks. It is highly contagious from the beginning of the catarrhal symptoms, though not positively known at what stage it is most highly contagious, but after the eruption fades the contagion weakens. The mode of infection is usually by direct communication, though clothing, furniture and even a third party may carry contagion, yet this disease does not cling as does scarlet fever. Physicians seldom carry measles.

Lesions.—The only constant ones are on the skin and mucous membrane, chiefly of the respiratory tract. There is a more superficial inflammation of the skin than in scarlet fever. There is a congestion accompanied by an exudation of round cells from the surrounding blood-vessels, also the sweat and sebaceous glands. To this is due the swelling of the skin which occurs all over the body, but is most noticeable in the face. There is a characteristic change of the mucous membrane, a catarrhal inflammation affecting the conjunctiva of the eye, nose, pharynx, larynx and trachea and in severe cases the bronchi. When it is complicated it may extend to the air vesicles, causing broncho-pneumonia. In severe cases there may be a membranous inflammation of the pharynx and larynx instead of catarrhal symptoms. In a few cases the ears may be involved. In respiratory complications we may find the streptococcus, staphylococcus and pneumococcus.

Symptoms.—Invasion as a rule is gradual. Both the fever and catarrhal symptoms increasing until the appearance of the eruption. These symptoms being coryza, marked lachrymation, photophobia, sneezing, discharge from the nose and a dry, hard cough. There is some congestion of the throat and in the hard palate small, red spots, Koplik's sign, which are the minute white spots upon the mucous membrane of the cheeks and are very characteristic of measles. Constitutional symptoms vary from a slight malaise and drowsiness to more severe symptoms in which there is vomiting,

high fever and pulmonary symptoms sufficient to mask the other symptoms and a mistake in diagnosis may be made. In some cases the eruption may appear the first day, though more likely to be on the third or fourth day and may be even on the tenth day.

Eruption.—The rash usually appears in three or four days, usually the fourth day. It is first seen behind the ears on the neck, at root of the hairs and on the forehead. It appears as small, red spots, few at first, scattered and not elevated, resembling a flea bite. In twenty-four hours macules become more numerous and may become papules frequently grouped in crescent forms, usually separated by an area of normal skin, but where intense, may be coalescent. From the first appearance of the rash until fully developed, is about thirty-six hours, but may be from one to three days. With the full eruption there is considerable swelling of the skin, especially about the eyes and in some cases the features are hardly recognizable. On the second day the rash appears upon the neck, beneath the chin, upper chest and back. The third day the trunk is covered and scattered spots appear upon the extremities, and by the time the extremities are covered it has begun to fade on the face and neck. In mild cass it may be discrete, in severer ones, confluent upon the face and extremities. As a rule it covers the entire body, even the palms and soles. It fades in the order of its appearance and leaves a slightly brownish stain on the skin which remains a week or more. The duration of the rash is from one to six days, the average four days.

In atypical cases the rash may spread over the entire body in a few hours. It may be hemorrhagic. This occurs in 5 per cent. of the cases, a bad though not always fatal sign. There may be only a faint rash of short duration. It may be papular, resembling scarlatina. It may be late in its appearance and scant. Temporary recession may occur at any time of the eruption and is indicative of heart failure. There may be a recurrence of the eruption after its disappearance.

Constitutional symptoms increase until the eruption is at its full development. The skin is swollen, itching and burning. Eyes red and sensitive to light, swelling of the conjunctiva and abundant secretion. Pain or swelling at the angle of the jaw. Cough dry, frequent and annoying, complete anorexia and often diarrhea. Tongue pasty and coated white, or red or white with red edges, and a distinct odor characteristic of measles. As the rash fades the temperature declines and the patient returns to normal health.

Desquamation.—This begins as soon as the rash begins to fade following the same course as its appearance, fine scales, never large patches. This is not always noticeable and may continue for from five to ten days, or even two weeks. The odor at this time is most marked and is characteristic of measles. Cough may also be troublesome and the eyes weak. Mild cases are distinguished by a low temperature of 102, lasting three to four days. The eruption is more confluent and all symptoms mild. Severe cases or irregular ones in children under three years is characterized by a moderate rise of temperature until the eruption, which may be three or four days.

It may dry suddenly or gradually in from five to nine days. The highest temperature will be at the full eruption, being 103, 104 or 105 degrees.

Severer cases seen in infants, late eruption and continuous high fever; such have complication of broncho-pneumonia, and may continue three or four weeks and yet recover. In these cases catarrhal symptoms may not be marked, but the whole force of the disease may be spent upon lungs. Diagnosis may not be easily made, unless we have knowledge of exposure. In other cases a profound depressing hyperpyrexia and patient may die of cerebral symptoms before rash appears. Rash may be hemorrhagic in these cases. A second rise of temperature indicates complicating otitis, ileo-colitis or pneumonia.

Complications.—Of these pneumonia comes first, then ileo-colitis, otitis or membranous laryngitis. Broncho-pneumonia occurs more often in children under three years. It is found in most all fatal cases. Fatalities are more frequent in winter than summer. Complications may arise at any time, but most frequent at time of eruption. Lobar pneumonia may occur, but not often. It is found in older children and may be followed by empyema. Bronchitis and laryngitis are found in all cases except the very mildest. A very severe complication is membranous laryngitis. It occurs more frequently in measles than in scarlet fever and may be diphtheritic.

There is always some congestion of the throat which may be severe and extend to the nose and ears. I believe this occurs in children who have large tonsils and adenoids.

Digestive Disturbances.—The tongue is coated from a slightly white to a thick, pasty fur and may be brown or sometimes red. Diarrhea may be present varying from a simple diarrhea to a severe ileo-colitis. These follow rather than appear at convalescence. There may be a severe ulcerative stomatitis, sometimes gangrenous. They are most always fatal.

Nervous Symptoms.—There may be convulsions, though they are rare. Meningitis is a rare complication. Otitis is frequent in some epidemics. Catarrhal conjunctivitis is present in all cases, but chronic conjunctivitis often follows. The lymphatic glands may be swollen, but rarely suppurate. Nephritis is a rare complication. Hemorrhage may occur from the mucous membrane in the hemorrhagic type. There is a sad relationship between measles and tuberculosis, it frequently following measles either as pulmonary or general tuberculosis, also of the hip or of the spine. Therefore delicate children should not be exposed, if possible to prevent it.

Diagnosis.—Koplik's sign is a bluish-white speck in a red ground. They may be few or numerous and are seen best by sunlight inside the cheek opposite the molar teeth and in most cases can be seen. These spots are not found in other diseases and disappear at the time of the eruption. In observations upon 185 cases, Koplik's sign was positive in 169, doubtful in 10, absent in 8 cases. By this sign a positive diagnosis can be made from one to three days before the eruption. Other signs are the coryza, rise of temperature, the hard, dry cough, eruption on forehead and neck, and gradually extending over the entire body.

Differential Diagnosis.—Measles can be distinguished from scarlet fever by the incubation of the latter being from two to six days. Measles from nine to fourteen days. Sudden, high temperature of scarlet fever. Rash appearing upon the forehead in measles and upon the neck and chest in scarlet fever and appearing within twenty-four hours in scarlet fever, not usually under thirty-six hours in measles. Coryza with the marked photophobia in measles accompanied with a cough which we do not have in scarlet fever. Desquamation in brown-like scales in measles, in large sheets in scarlet fever. The strawberry tongue in scarlet fever. From rubella, or three-day measles, by sudden invasion and rash appearing as a first symptom. If rubella be severe it is hard to differentiate. In drug eruption we have no fever. In varicella the eruption is papular instead of macular. The papules become vesicular instead of drying up; papules, vesicles and crust all being present at the same time.

Prognosis depends upon previous conditions of the patient, character of the epidemic, season of the year, age of the patient. Mortality is small in cases over three years and large in very young infants. In institutions no epidemic disease is so fatal, the mortality being from 15 to 35 per cent. It also depends largely upon the height of the temperature and character of the eruption. A temperature of 103 and remaining high is a bad symptom. A favorable eruption is of a bright color, remaining discreet and spreading gradually. It is unfavorable when it appears late, is faint, scanty or hemorrhagic or it recedes suddenly. Uncomplicated cases recover quickly, but where complications appear recovery may be prolonged for weeks. The prognosis should always be guarded; always keeping in mind that some form of tuberculosis follows measles more than any other epidemic disease.

Treatment.—Though one seems doomed to have measles, sooner or later, it is best in infants and delicate children to avoid exposure, if possible, and if delicate children are exposed to meet the disease half way by immediately looking after the child, securing proper elimination, guarding the diet and avoiding exposure to cold during the incubation period. When a positive diagnosis is made or when suspicious the patient should be isolated from all who are not immune. They should be placed in darkened, well-ventilated room to protect the eyes. The room should not be too warm nor the clothing heavier than for other diseases. Give plenty of cold water to drink and a light diet. One of the first essentials is to clean out the alimentary tract. I find 1-10 grain of calomel given every two or three hours, depending upon the age, sufficient in most cases. Where much tympanites is present an enema, immediately followed by calomel, is efficient. In some cases epsom salts are given. Since fever is one of the constant symptoms, aconite is needed in all cases. Where dullness and stupor is present, give belladonna. Not only for these symptoms, but also to favor the appearance of the eruption, as it is an excellent remedy for this purpose. Asclepias, bryonia and ipecac are all useful because of their action upon the respiratory system. Asclepias for the dry, hot skin; ipecac not only for the cough, but irritability of the stomach; bryonia for pain in the chest; rhus tox. where the child is

restless, crying out in sleep. Drosera is always to be thought of in the aggravating cough in measles. Lobelia for cough and for nausea.

When the tongue is coated white, I give sodium sulphite or sodium bicarbonate, in some cases I add to this mixture podophyllin where there is a yellowish coat on the tongue. Where the patient is nervous and the rash is tardy, a bath in hot mustard water will often bring it out in a few hours. Where the patient is too weak to take the full bath, a foot bath under the bed clothing will be sufficient. A soda water bath when followed by the inunction of carbolized vaseline will allay the itching. Boric acid solution to be applied to the eyes if there is much irritation, or combined with an ointment of boric acid and vaseline if there be much exudate from the eyes.

TWO SPOTS OF CHIEF IMPORTANCE TO THE GYNECOLOGIST.

B. E. Dawson, M.D., Kansas City, Mo.

The hidden causes which are responsible for so many reflected conditions are frequently so abstruse as to demand the most careful investigation and and painstaking research, on the part of the gynecologist, in searching for the etiological factor. The female pelvis and lower orifices of the body are thickly interwoven with a lacework of nerve terminals, each one of which is surcharged with a message of warning to be reflexed to some organ or remote part of the body upon receipt of the slightest irritation.

In making this research, not infrequently, the wrong organ is condemned, severely punished or promptly executed, upon insufficient evidence, with no relief to the patient; sometimes the trouble is aggravated. Thus, the gynecologist's puffed-up pride receives a severe rent that results in a mortified flattening. While every witness should be rigidly interrogated; every track accurately measured and closely scrutinized, and every fact carefully weighed, "that no guilty one escape," yet there are two parties in this gang of suspects with such strong evidence against them as to invite a most thorough investigation. I refer to two spots of chief interest to the practitioner in the treatment of diseases of women, namely, the clitoris and the part of the uterus surrounding the internal os. These two spots are responsible for a larger number of reflex messages of distress than any other parts of the body. They are frontier stations from whence "central" receives and flashes out numerous reflexes; they are electric push-buttons ringing up alarms all through the building; they are sensitive fellows, with a chip on the shoulder, looking for trouble, and often find it. They paint the horizon of the woman's life with rosy tints and ethereal blue of well-being, cheerfulness, joy and delight; or overspread her sky with dark clouds of gloom and grief. They smooth her pathway and border it with delightful flowers, or they dig pits and cast stones in her way while surrounding her with thorns and briars. Largely her life is marred or made by the messages sent out from these two stations.

The clitoris must have been deemed very sensitive to irritation from the

origin of its name, which means to titillate. Many years ago it was given exaggerated attention by a few over-enthusiastic surgeons, who regarded it as the source of many reflex diseases. Baker Brown and his followers resorted to clitoridectomy for the cure of many neuroses, and some French physicians went further, recognizing the clitoris as the source of nerve waste in women, for which they not only amputated this organ but the labia minora as well. This procedure finally invited legislative action and clitoridectomy was forbidden by law. Relief sometimes resulted from clitoridectomy, but much harm and often disaster followed, such as destruction of the normal sexual instinct or insanity. This was like removing the fence that enclosed the field to get a few hogs out. It would be just as reasonable to amputate the glans penis in order to remedy an abnormal prepuce. As a result of this rash treatment and legislative prohibition, the clitoris fell into innocuous desuetude, immune from surgical interference until recent years. We now recognize its analogy to the penis and give it the benefit of a more rational and conservative surgery.

The clitoris is analogous to the corpora cavernosa of the penis and is an erectile structure. It consists of a glans, a body, and two crura. The glans is partly covered with a prepuce. A cheesy secretion or smegma is formed and hardens under the prepuce. It is supplied by the same nerves as the penis. In proportion to its size it is furnished with more nerves than any other organ in the body, five times as many as the penis. It is also very vascular, being richly supplied with blood vessels. It is the most important part of the external female genitals except the urethra. It invites and entices masturbation if adhesions fail to be broken up. Simple titillation or friction by the hand is the usual form of this solitary vice, but it may be accomplished by various methods, terminating in a voluptuous orgasm. It sometimes overdevelops to an abnormal size, resembling the penis in appearance. The large size and abnormal color, dependent upon the amount of irritation, are indications of masturbation in an unmarried woman; more especially where we find, as concomitants, leucorrhea, retroversion, ovarian pain, with external parts relaxed and congested. An alarming and even dangerous train of symptoms is frequently encountered that baffles all efforts of treatment unless proper attention is given to the condition of the clitoris.

The clitoris itself seldom requires treatment, but the head is often the source of much mischief, demanding surgical interference. It is frequently adherent to the clitoris, confining more or less smegma. It may be so phimosed as to tightly hug the clitoris in a constant embrace. Not infrequently amputation is invoked to relieve its redundancy. It is good routine practice to examine the clitoris of every patient presenting herself for examination, and you will be surprised at the small number of cases where the clitoris is found to be in normal condition. We have learned enough to direct us to the prepuce of the boy baby, who becomes restless, fretful, cries out in sleep, has spasms or colic. The clitoris of the girl baby is seldom thought of; she is often medicated with sedatives to her permanent injury; yet such an examination should never be omitted.

Since the last meeting of our National, a girl baby, two years old, was brought to me from Oklahoma for treatment. She was poorly nourished, pale, anemic, with a history of malnutrition, furunculosis and anuria, all existing from infancy. She had suffered many things from much medicine at the hands of many doctors, with no improvement in her condition. Examination revealed a clitoris completely buried beneath an adherent prepuce; not even a pinhole over the glans. She was given the benefit of the indicated surgical treatment. In two hours the red, angry boils on her face had perceptibly paled; in two days they had disappeared. Her kidneys soon began to functionate; her peevishness gave way to a cheerful, sweet disposition. She is now a fat, happy, healthy little girl. Many other cases could be related in confirmation of the above facts, but I will not take your time therewith.

The other spot to which I wish to call your attention, as of chief importance to the physician, is the point of the uterus where the cervix joins the body. Many important structures are located at this place. The walls of the vagina ascend to this juncture where they curve inward and grasp the cervix in solid attachment. From above, posteriorly, the peritoneum descends, curves forward to the uterus, where it is attached at this same point, crawling up on the posterior surface of the body of this organ, forming Douglas' pouch. Between the vaginal wall coming from below, and the peritoneum coming from above, the space is filled with dense fascia, which is firmly attached to the pelvic walls on the outer side and to the uterus on the inner side, making the most firmly fixed point of the uterus at this important location. The uterine arteries, veins, nerves and lymphatics penetrate the meshes of this dense fascia and reach the uterus at this particular spot that surrounds the internal os. This point is the axis or pivot upon which the uterus turns in all versions—whether retro, ante or lateral. At this point all flexions occur.

This spot is of chief interest because it is here that in reality two separate organs are joined—the body of the uterus and the cervix; because here the ligaments hold it in more or less fixed position; because it is here that important blood vessels, nerves and lymphatics find their entrance and exit, supplying the cervix by going downward and the body by reaching upward; because below this point, practically, the cerebro-spinal nerve dominates, and above it the sympathetic. Furthermore, at this point we can most frequently locate the etiological factor in sterility and dysmenorrhea. Weakness, or any pathological condition, at this point grades the roadbed and lays the rails over which a long train of many maladies may travel back and forth. Strength or normality here commands proper position of the uterus and equable circulation. If we keep the above facts well in mind, observe closely and reason philosophically, we may see on almost every symptom the guideboard with the finger pointing to the indicated line of treatment, learn many more useful facts and work out some puzzling problems. In retroflexion we often have melancholia, while in anteflexion it will probably be exalted hal-

lucinations. As the tongue is an index to the condition of the stomach, the meatus to the prostate, so is the os to the endometrium.

Fully 75 per cent. of the female inmates of our insane asylums have some pathological lesion at one or both of these spots. This statement is no wild vagary, born of an impulsive enthusiasm, but made after due deliberation, and based on an extensive observation and experience. I am quite sure this statement would be corroborated by thousands of orificialists with large experience and close observation. Most of them would agree that my figures are very conservative. One sad feature of the facts contained in this paragraph, that arouses indignation, is, that a large majority of these same unfortunate beings could be cured—clothed in their right minds and sent home with the demon driven out—if prejudice would only unlock the doors and allow the indicated treatment to be applied.

DISCUSSION.

Dr. Adlerman: I somewhat hesitate just now whether I shall speak or not. You may get the impression that I am a crank, but I really am not. There is no question whatever that some pelvic lesions in a great many nervous diseases and insanity play an important part, but to make the statement that if you can correct these lesions you will cure the insanity, must be taken with—well, I should say a pound of salt. You have a case of hysteria in a woman, you go to a gynecologist and he treats her and treats her, and the hysteria persists. I had quite a few cases that I advised to stop treating pelvic troubles and the hysteria disappeared slowly.

Dr. Dawson: In regard to my erudite brother's remarks, he says they have operated to remove pathological conditions and still the insanity remains. I want to say that if he understands thoroughly the philosophy of our surgery he will not only remove all the gross pathologic conditions he finds, but in nine hundred and ninety-nine cases out of a thousand the physicians in our insane asylums do not know anything about it. They remove gross pathologic conditions, they report laceration of the cervix, but little pockets and papilla and adhesions that they pass over are the cause of these reflexes. There are little defects not as big as a pin-head that are overlooked by the modern specialists on nervous and brain diseases—alienists. I repeat it, and know from experience, that 50 per cent. of the cases in the insane asylums could be removed and sent home clothed in their right mind, had this work been properly done. The sad feature is that the larger number of our public insane asylums are simply places to restrain, feed and clothe these insane people. There is no effort made to cure them.

DISTEMPERED NERVES.

W. H. Morse, M.D., Hartford, Conn.

The cathedral at Cologne was halted in its erection by the death of the architect and the loss of his plan. No other architect was able to grasp the complex greatness of the structure so as to carry it to completion. So there it stood in gray and brown as centuries went by, an unfinished pile, grandly but gloomily pathetic in its aspiring incompleteness. Builders brought forth theories, which, used in other structures, resulted in failure. The dust of

Gerhard von Rile had been carried to sea by the Rhine before the lost plan was discovered. Then, with joy, the work was resumed and carried forward until the forest of spires stood forth, silhouetted against the sky, and the last stone had found its destined niche—a majestic poem in marble, one of the finest and purest monuments of gothic architecture extant. Other plans have been lost, and other structures have been halted in this same way; and it is upon one such, long lost, but now recovered, that I ask attention.

We are not fond of quoting the Eclectic fathers, but I want to recall one of the old-time doctrines, and to enlarge upon it. It is a doctrine long since shelved and cobwebbed, but which, by renovation, constitutes a salient pathological fact. Listen! It may sound strange in this hour and air: *"When the liver gets disorderly the nerves get out of temper, and such nervous complaints as rheumatism and neuralgia result."* That has a homely sound, but it is one that challenges attention. Take it as written—*a disordered liver is responsible for nervous complaints, and rheumatism and neuralgia are such complaints!* Are we ready to believe this? Are we of the newer generation, contending for uric acid, nerve force, and nerve waste, willing to make use of this old plan?

In good faith I have used the title, *"Distempered Nerves,"* and that which I have to say is that because of the fault of the liver, rheumatism results. We do not go so far as to describe rheumatism as a functional neurosis, but when I approach the disease, and especially when it occurs in a child or a young person, I am agreeable to the same regard that I pay to functional neuroses. I cannot help emphasing the nervous symptoms, and then, going back to that manifestation, agree with that other doctrine of our fathers that pain is always a sign of local diminution of vitality, and that such a diminution is attributable to a functional fault.

According to our faith, disease is a product, a result of some organic discrepancy. In the case at hand, rheumatism is a product of hepatic disorder. A disordered liver is responsible for the disease. The liver becoming out of order, the nerves become distempered, and rheumatism ensues. It is becoming to the physician who treats rheumatism not only to pay more attention to the liver, but, as well, to the nerves. Let me use the moment to commend Dr. A. P. Davis' "Neuropathy," that exhaustive work which has lately come to the willing hands of the profession, and from which we gain as a keynote the axiom: "Every known disease is a result of nerve irritation, and this nerve irritation produces a contraction of muscular fiber, which, pressing on the vessels passing through the muscles, procures interference with the nervous and circulatory systems."

That which deranges the harmony of the functions of the body, or of any organ or tissue, causes conditions apt to result in disease. These causes are legion, and it is worth while to say right here that bacilli are harmless in the system which is not deranged. The causes of disorder of the liver are many. We abuse the organ. While the average person does not use only about 60 per cent. of the lungs, he overworks the liver and kidneys. The overworked liver is rebellious, and the functions are disarranged. There can

be but a single outcome, and that is distemper of the nerves, together with interference with the circulation of the blood. The pathological condition which is entailed is therefore due to obstructed circulation and nervous irritation. A recent writer (Dr. E. H. Pratt) tells us that nerve waste follows. "What is nerve waste?" Corollary, what is "nerve force?" When we realize that the nerves are only the channels through which force is conveyed, and that force is the result of chemical changes, we can gain a definition of "nerve force." Cut off the constitutive material, and we have waste. What is the source of that material? The food, chemically changed by digestion. And good digestion is impossible where there is hepatic inefficiency.

But, you will ask, what about the etiologic relations of uric acid Be careful to get well acquainted with uric acid. Remember that it is one of the principal nitrogenous compounds thrown off by the body, and that this is a normal, natural process. The excretion, varying with the amount of nitrogenous food ingested, or the nitrogen metabolism, varies from a fraction of a gram to one gram in twenty-four hours. Foods rich in nitrogen increase the amount, and it is also increased by leukemia and in fevers. The increase, of course, is in the urine. It is never in excess in the tissues if the body is in its normal condition. Production and elimination is normal, and in line with physiologic activity, and indicative of healthful condition. I confess to being out of patience with the theory that makes uric acid an etiologic factor in rheumatism. I prefer to place the blame where it belongs —on the liver. If the liver is normal, every element of food of nutritious value which is calculated to sustain the body, is made use of for that purpose, and all waste is cast out. If the action is interfered with, the blood becomes charged with earthy salts, and in this alkalinity passes through the circulation with difficulty, until, with the capillaries congested, the nerves are pressed upon and pain and inflammation ensue. In other words, the nerves get out of temper, and are distempered. After a time the nerve sheaths become so compressed that there is such a capillary congestion as to weaken the heart by the extra labor involved.

I think that we make a mistake in treating rheumatism as dependent on disorder or disease of the kidneys. Every rheumatic sufferer manifests symptoms indicative of hepatic derangement, such as "bilious attacks" and constipation, but rarely any symptoms that indicate renal disorder. Treatment "to act on the kidneys" is a fallacy. It is true that formerly the alkaline treatment obtained some approval, but this was based on theoretical considerations, the idea being "to alkalinize the urine" by the free administration of the nitrate and bicarbonate of potassium or the carbonate of lithia. Although this treatment may apparently shorten the disease duration, a dyscrasic condition is provoked, so that the enormous quantity of alkali renders convalescence tedious. Since the natural history of rheumatism has been studied—especially in children—the utility of this treatment has been questioned, until it has become more and more evident that any relief which is obtained by the alkalies and their laxative salts is due to the action on the liver. It had ought to be self-evident that the blood in the rheumatic con-

dition being over-alkaline, there is no sense in alkalizing it. If any influence is exerted over the course and duration of the disease it is always profitable to inquire as to whether the alkalies do not exert it by action on the liver rather than on the kidneys. As for the lithia salt, it is only necessary to consider that the carbonate, as soon as it reaches the stomach is changed to the chloride by the hydrochloric acid, and chloride of lithia will not dissolve uric acid!

As to treatment to "purify the blood," it is only necessary to say that this is only indicated as a measure in the treatment of the liver. The blood is rife with earthy salts, and these are present solely because of hepatic fault. Correct that fault and the blood will no longer betray the characteristic impurity to which we cannot but attribute the rheumatic condition. This is not hypothetical. It was advanced by Demarquay, and later by Amez-Droz and Dr. John Haddon. More recently Dr. Howship Dickinson, Dr. W. T. Benham and Dr. Carl von Casper have called attention to the same fact. With small variations these observers are agreed with Demarquay that "With the liver disordered, the blood is not depurated, and earthy salts accumulating, the synovial membranes are attacked . . . and rheumatism and gout ensue." The view of Mialhe is this: "Upon deficiency of oxygenation the blood may increase in lime salts, and biliousness, bile defects, and arthritis, myalgia, and rheumatism result." "What then is the gouty diathesis?" asks Swediaur. "It is absorption into the blood of morbid matter due to inefficiency in the liver and kidneys. This diathesis is therefore nothing else than an ichorrhemic affection." More than seventy-five years ago Sir Thomas Watson pointed out rheumatism as one of the symptoms of hepatitis. Again, Grehaut, Cyon, O. H. Smith, and other defenders of the use of calomel as a cholagogue, maintain that "in its alterative influence it exerts a peculiar control over the blood, lessening the tendency to effusion of coagulable lymph and ridding it of contaminating salts." Even Abernethy, long ago, said: "Mercury tends to diffuse and equalize secretion of the liver and the circulation of the blood, aiding in this way to break up local congestions and inflammations."

It should be patent therefore that in the treatment and prophylaxis of rheumatism and rheumatoid affections, the distemper of the nerves may be achieved by alterative action on the liver, and by cleansing the blood in consequence. Hermann came very near pronouncing a specific by this treatment, and Jesse A. Case has succeeded. The Case treatment is extremely efficacious. By it, the hepatic cells are stimulated, and a physiological bile is the result of the stimulation. The physiological and normal products of the liver are increased and the action on the intestinal glands is the same as is effected by good nutritious food. The liver restored to a normal and healthy condition, the earthy salts are no longer contained in the blood, the circulation ceases to be stagnant, calcification of the blood vessels no longer follows, and the rheumatism disappears. The action on the heart is grateful and tonic. The action on the stomach is mild and tends to augment good digestion. Case says: "I do not consider uric acid at all as having any influence

in causing the disease. The lime salt is eliminated by the action of the liver and through the intestines." I have no hesitation in referring to this form of treatment as specific, and in directing particular attention to it as such. Results are, beyond question, unvarying, and if we receive the truth as to the pathological conditions, how can it be other? The distempered nerves cannot do less than regain their temper.

I have chosen to call attention to this subject in the Section on Pediatrics as I consider that rheumatism in a child is nothing else than grave, and that its treatment is crucial. Am I not borne out by general experience when I say that—experiences being equal—the child who is affected with rheumatism is one who (to use the expressive language of the Scotch people) has the liver "out of kilter," that is, disordered functionally? The rheumatic child has a history of "bilious attacks."

In the laboratory, in experimental work on the lower animals, if we take measures to disorder the hepatic functions, and then expose the animal to cold and wet, or feed it on harsh and innutritious diet, an attack of rheumatism is induced. If the disorder be continued and the sanitary and dietetic conditions be also continued, the disease obtains a chronic character. In these experiments there is difficulty in making the subject survive, as cardiac complications are apt to ensue abruptly. But if the subject is taken in hand at the right moment, and a rational cholagogue action is secured, the stiffness of the limbs ceases and health is secured.

I have high faith in specific medication. I believe in specific medicines for liver affections, and, deprecating mercurials, I consider that the remedies *par excellence* for torpor of the liver, biliousness, jaundice and other hepatic derangements, are remedial of rheumatism because of the catalytic influence over the liver and other glands. In treating the disease, I would, of course, recommend olive oil in the diet and use libradol for the local pain, but other than this I do not know that there is anything better than to obtain prompt and positive measures by the use of the specific alterative treatment which I have tested and proved beyond controversy, as indicated in the functional perversions which culminate in rheumatism.

It was my privilege to have as my Gamaliel the noble old Roman, Dr. Alexander Wilder, my faithful and talented fellow-citizen, known to every practitioner of Eclectic medicine. Permit me, in conclusion, to quote my preceptor: "Your mainstay in the treatment of neuralgia, myalgia and rheumatism is the specific medication which gently stimulates the liver to that normal action from which it has been perverted."

To this doctrine I call your attention. Therein is the medical gospel of our double-X century. The original plan has been restored, and on it we can build the lasting and beautiful structure of which it is Eclectic medicine's prerogative to speak.

Irrigation of the throat with ice water from a fountain syringe will relieve the congestion and the pain in acute follicular tonsillitis.—*American Journal of Surgery.*

HEMORRHAGES IN TYPHOID FEVER.

George C. Porter, M.D., Linton, Ind.

Unfortunately, there is a percentage of typhoid fever cases, no matter how well they are treated, that will have hemorrhages during the course of the fever. From the beginning of my practice I think I have treated a fair share of the cases of typhoid fever in our locality, covering a period of eight years, without having a bowel hemorrhage and with a loss of but two cases. In fact, I had become so self-conceited in its treatment that it had ceased to give me any anxiety or special apprehension, thinking that most of the bad results were a product of bad treatment and an unqualified physician, and was entirely avoidable, when I encountered a new case of fever.

About this time the hot summer sun of 1911 was pouring down all around us and I found myself getting pretty well engaged in treating this common disease of the locality. On the night of August 4, about 10:30 p.m., my telephone bell rang, calling me hastily to the bedside of a robust young man, twenty-eight years of age, who had been sick with typhoid a little over a week. The message said: "He is passing blood freely from his bowels and growing weak rapidly." I had seen him about eighteen hours before this, in what I called a fair condition, and without any special apprehension of danger. I hastened to his home and found that perhaps three quarts of blood had passed from him in the interval preceding my arrival. Temperature had fallen to a degree above normal. I had never had such an experience and felt indeed rather shocked. I hurriedly gave him thirty drops of sp. ergot, along with 1-40 gr. strychnia nit. hypodermically. This was also followed up with stimulants of wine and heat to the extremities. In thirty minutes I gave another thirty drops of ergot with one drop of sp. belladonna hypodermically. My patient now rallied somewhat, although there was blood still passing from the bowels. I now ordered an ice pack placed over the bowels, and as soon as it could be obtained was filled with cracked ice and placed in position over the lower bowels, especially favoring the right side. The involuntary discharge of blood became less and less, and in three hours hemorrhage had ceased, which gave the patient the appearance of being better.

From the beginning of the fever, with echinacea as an intestinal antiseptic, I had been giving five grains of salol with three of bismuth subnitrate every four hours. I now changed the three grains of bismuth subnitrate to five of bismuth subgallate, with the five of salol, every two hours. I gave ten drops of ergot with one-third drop of belladonna every one to two hours; ten drops of echinacea every two hours, 1-40 gr. strychnia nit. every three hours. My patient now seeming some better, I departed for home, feeling more concerned about this patient than any I had met, and more anxious about the probabilities with the rest of my typhoid patients.

About three o'clock in the afternoon my telephone bell again rang, calling me to the home of my patient, to see him spitting mouthfuls of blood, one after another, and smothering wonderfully. By the time I could drive

four miles in the country, I arrived just a little while before my patient passed away. Thus my first defeat of the summer was lapsed into eternity, almost before I had time to realize he was seriously sick; and so, throughout the summer, 25 per cent. of my typhoid cases had hemorrhages, more or less severe, with a mortality of about 18 per cent. of the total number of cases treated.

The cause of hemorrhage in typhoid, many time, I believe, is traceable to harsh cathartics. Occasional cases of it develop with extreme constipation, where it is necessary to employ cathartics more or less throughout its course. In such cases calomel should not be employed, except probably an initial dose. Other causes are: Insufficient and improper intestinal antiseptics, virulence of the infection, syphilis, or some constitutional disease which greatly weakens vital resistance.

Hemorrhages are quite common from the nose, and usually of little consequence; frequently from the post-pharyngeal or post-nasal walls by little cracks. From the bowels or lungs, is of much less frequency, and are serious complications during its course.

Treatment.—Great care should be exercised from the beginning of a case of typhoid fever, giving much attention to properly selected antiseptics and conserving the vital forces, to hold your patient through the tedious course of fever. It being essentially a septic infection of the bowels, more particularly of the ileum, and the diarrhea nature's own effort to unload the offending material formed from the sloughing Peyer's glands, it at once becomes plain that the basic treatment should be properly applied antiseptics, and to let nature rid herself of the offending material through the diarrhea carefully as possible. However, when a hemorrhage occurs through the bowels, this natural process of elimination becomes perverted and seeks to take life. Therefore, restraint to action is necessary; likewise, restraint to the circulation in the affected parts. Patient should maintain a strictly recumbent position, using only the bedpan and urinal for actions. The indicated antiseptic should be pushed and the vital forces held with strychnia or sp. cactus.

To restrain the hemorrhage the ice pack becomes the most important treatment and many times is sufficient alone. With its first application should be given five or ten grains of Dover's powder to quiet delirium, which usually prevails at this time, and to restrain bowel action for a time. It is best for the bowels to remain quiet for twenty-four to forty-eight hours, after which action can be induced by enema of three or four pints of lukewarm saline solution. During this interval antiseptics should be pushed to compensate for lack of elimination. Salol, five to ten grains, with bismuth subnitrate, five grains, should be given every two to four hours. I like salol here the best because it is not absorbed in the stomach and is carried over into the bowels before its carbolic acid is liberated. Specific echinacea should be given in ten-drop doses every two hours to antagonize blood toxemia. If there is persistence of blood passage, despite the ice-pack, five or ten-drop doses of sp. ergot can be added to the echinacea, which will

usually control the hemorrhage. However, there are occasional cases that will not be controlled so easily, when other styptics will have to be resorted to. These are indeed desperate conditions which will try the steel and skill of any physician. Specific lycopus, in five or ten-drop doses every hour or two, will prove helpful to many cases. Gallic acid, five-grain doses every three hours, may be used with good results. Specific cinnamon, ten to thirty-drop doses, where the stomach will retain it, may be looked upon with some hope. Adrenalin chloride solution, 1-1000, ten to twenty-drop doses, either internally or hypodermically, may be sometimes given with good effects.

The medicine cannot always be selected symptomatically under these conditions, but from your knowledge of the pathology before you. Belladonna will many times be the strongly indicated remedy, but your patient will bleed to death trusting to it alone. However, I should give any strongly indicated drug, no matter what the conditions were, but I should likewise use most positive agents to control the hemorrhage and sepsis.

The ice-pack should be kept on the bowels until the active stage of the fever is over and the character of the actions show a fair degree of healing of the ulcers having taken place.

Food should almost completely be withdrawn for the first thirty-six to forty-eight hours following a hemorrhage, after which one or two ounces of malted milk or animal broth can be taken every three hours; this amount to be increased slowly as normal bowel actions return and the patient's condition improves. Great care must be exercised in feeding these patients after hemorrhage has taken place. The slightest indiscretion may make a recurrent hemorrhage result fatally. No food having any debris to pass through the bowels until after healing is accomplished. After fever has subsided and the patient is convalescing the same food as is usual for typhoid convalescents may be given. In very severe cases a light fever will persist for from ten to twenty days after all typhoid conditions have passed, incident to anemia and blood toxemia, which will subside as convalescence progresses.

EXTRACTS FROM THE DIARY OF AN INTERNE IN THE M——— INSANE ASYLUM.

Theodore Davis Adlerman, M.D., Brooklyn, N. Y.

I am not quite sure whether I am not spoiling good paper in giving these extracts from my diary, which I kept during the four long years spent by me in the M— Insane Asylum. It has always been my contention that the pictures presented by different insane patients produce in the same time certain specific symptoms, certain specific indications, which call for certain specified drugs.

I am well aware of the fact that not all of you, my readers, will agree with me; some of you may even laugh at me. Well and good, I am used to it to some extent. They laughed at me during my interneship in the M— Insane Asylum; they even made things unpleasant for me during my stay

there; but all I ask of you, friends, as I asked of them, try my theory, and be convinced, as I convinced them in the asylum—that is, those who were open to conviction and who were willing to learn, even if it came from a believer in the Eclectic materia medica.

March 20, 19—.

The long weary day has been drawing to a close, not that I was at all sorry for it. I was tired out in body and spirit. What with the petty annoyances of the superintendent, who could not, as he said, "stomach that little, drug-crazy Dutch doctor," and who evidently tried his utmost to show that he was the great power in the institution; what with the annoyances from the uniformed attendants, who, taking their cue from the "supe," did all they could to make the life and work of the "little Dutch doctor" (who was new to the job) everything but pleasant; what with the constant unnecessary calls from the office to come and explain this, or explain that, my lot while on duty was not a happy one, nor one to be envied.

Yes, I was weary, weary and heartsick to-day. Well, another hour and my task for the time being will be finished, and I will be free till morning.

The ward was rather quiet, when "Frenchy Marie" (one of the trusty orderlies) rushed up to me, as I was about to close my desk, in the little office at the end of the male ward 31: "Metzger has broke out again, Doctor, he is in another of his red fits, come at once." I merely nodded, and, with some hesitancy, I enter the front room of Ward 31. The picture is not a very beautiful one to look at as you watch Metzger's face. The face, while it seems dull and stupid, yet it is livid at the same time. His eyes protrude; his skin is dry, brick-like; he is full of frenzy. Metzger strikes at you whenever he can (I must say I was a little afraid of him in my early days in the asylum). He thinks that he became red, that I am red, the attendants are all red, everything seems red to him in his cell. He spits all over the room, so you can see his saliva, he says, as it is all red; he is filled up with red insects and he must spit them out; his clothes are red, therefore he must tear them from his body; the day is red, the light is red; he wants darkness. Yes, yes, he feels good in the dark, the red things cannot find him in the dark. His gestures are violent; he refuses water, as it is full of red reptiles. "Red, red, red, all around me!"

This is Metzger in one of his characteristic red attacks. What can I do? What shall I do? What specific medicines are called for by these specific symptoms? While we have been carefully taught specific diagnosis and specific medication, we were not taught how to apply them and to use specific medication in insanity.

Shall I experiment with drugs, contrary to the orders of the "sup.," who says I am "drug-crazy," or shall I give Metzger a "hypo." of morphine and leave him to his fate? Is it possible that this vast institution, for the support of which the poor tax-payers have given millions, is merely an insane boarding house? Must I do nothing to relieve these sufferers, or even make an attempt to cure these (worse than dead) unfortunates? I must think.

There can be no question that Metzger in his attack presents a picture in

red; that red is the predominant monosymptom, standing out in bold relief in this case and it therefore calls for a certain drug. The dull face, the dilated pupils of Metzger, his staring eyes, with the "red," clearly indicate specific belladonna to my mind. "Sup." or no "sup.," I will try it. I give Metzger a "hypo." of specific belladonna. I have the satisfaction shortly of seeing Metzger subside in his delirium; he quiets down, sleep follows, and on the morrow he is docile with scarcely any delusions.

Am I "drug-crazy" or is the "sup." entirely too pessimistic? Is he merely a "therapeutic nihilist" superintending a boarding house for the insane? Who is right; who is wrong?

March 23, 19—.

I have spent another sleepless night, tossing from side to side. Shall I go on with my experiments; have I the right to do so, or shall I drop into the routine, as the other internes, who, following the lead of the "sup.," preach that all drugs are useless, the patients are insane, they cannot be cured, they are beyond help, so what is the use?

I have nearly made up my mind. I will experiment. I will administer my specific tinctures wherever I can. I will use my judgment to the best of my ability. Why not? I made my rounds this morning. 42 was raving; he called me the most dirty, obscene names; he was full of hallucinations; he has not slept much last night. He described his dreams to the orderly. All of the dreams were of the most erotic nature. He is always trying to embrace some one. Just a minute before, the attendant informed me, he was playing with his penis, and cursing at intervals at every one passing by his cell. He is in constant agitation, restless, eyes rove here and there, and specifically, it seems to me, I should administer specific hyoscyamus, which never fails to act as a powerful sedative in all cases of mental excitement, of acute mania, and, in the present case, as long as some of the hysterical symptoms will appear to predominate from time to time over the spasmodic movements, I will add to the hyoscyamus five-drop doses of specific gossypium. I am positive I see the specific indications for those two drugs—so I have a right to do it.

4 P.M., Same Day.

Just a word to add: Called on both Metzger and on 31; they are quiet and answer all questions nicely; 31 is a little agitated at intervals.

March 26.

Three long days—days of doubt and worry—but I am decided and encouraged; both cases doing fine. I shall go on. Today Dr. C—, from the female ward, at the dinner table, asked me sarcastically whether in my "vast" materia medica I know of anything that can be given in puerperal mania? They all laughed (they seem to take a special pleasure in ridiculing my faith in drugs). What a good joke that was, a remedy for puerperal mania? I replied quietly (I do not know why I am so afraid of these other internes) that if I could see the case, perhaps some of the indications present may suggest some drug that could be used with advantage. "Let him see her;

he will surely cure her—nit!" were the sneering cries of my friends at the table. These ignorant pups! How I do detest them. Nevertheless, Dr. C— asked me to come over to his ward when I could.

March 28.

I saw Dr. C—'s case just now. A young woman, weeping and raging mostly, cursing all and everybody, asking everyone to have intercourse with her, wanted to kiss me as soon as I came near her, talks often of religion and at the same minute describes to you the pleasure she derives from masturbation. Dr. C— informs me that she is melancholic at times, exhibits suicidal tendencies, presents symptoms of nymphomania, will often scream, and keeps up a continual flow of talk or words. Her face just now was flushed, eyes brilliant, skin somewhat dry, pulse full and frequent. I informed Dr. C— that specific veratrum is called for in this case. C— was somewhat in doubt, but I persisted and tried to explain the specific indications. We finally administered a "hypo" of veratrum and will see results. Dr. C— promised to repeat the dose as per my directions.

In my own ward today, Benner, the male nymphomaniac (if I may so call him), in room 18 is again in wild excitement. A peculiar subject is Benner. The least contact with a woman, even in passing some of the women in the yards, or a woman's picture in a paper, throws him into the wildest orgasm. He was given veratrum hypodermically; he cooled off and quieted down at once. Later in the day I gave him a hypo. of specific cantharides, as he had constant erection, with paroxysms of rage at his inability to cohabit with imaginary women in his room, and results were good; he slept right after and woke up just now quiet and talks nicely. How did I come to use cantharides here? Benner complained of a burning stinging pain in the neck of the bladder, hence cantharides was given, and not only relieved this, but also all other symptoms.

March 29.

Dr. C— informs me that his case is doing fine on veratrum, and I advised to add specific passiflora.

Van Horden, in room 15 (the King of Holland), was in a destructive mood to-day, full of fight and delirium, tried to break some of the furniture, tears his clothing off; keeps up a constant flow of Dutch words; does not seem to be able to rest in any place, or in any position; he is somewhat bloated; everything seems black to him, all colors are black; furniture, bugs, monsters, devils, terrific animals, all seem black. He screams from fright and tries to escape from the imaginary black objects, throws himself from place to place and destroys everything he comes across, because everything is black. He is in a state of most violent mania, talks in whispers with imaginary persons; gets into a wild frenzy at the sight of water, will positively not drink it, as it is full of black, creeping things. These symptoms become worse towards night, and, plainly, here in this case, specific datura stramonium is called for. The results are prompt and encouraging. I could not give him a "hypo.," but he took it by mouth from a white bottle. We shall watch and see what stramonium will do for him.

The cell next to Van Horden is occupied by a little Jew, who exhibits to-day marked nervous depression, from an attack of wild excitement he passed into a deep melancholia; the irascibility is quite marked. He is full of blissful dreams, hears musical sounds; is afraid to stay alone; complains he has nothing to live for any more, everybody has forsaken him, everything is going to the dogs and perdition; he is sexless; yes, if he could only be young once more, just once more; he will commit suicide unless I agree with him.

I can see here a call for specific cannabis indica, which I administered without hesitation. I am getting bolder, as I am sure I am on the right road.

April 5.

Not a word in the last few days. The fact is I am somewhat at a loss again—and I doubt if my deductions were correct in my last attempt. A case of apprehensive neurosis was brought into my ward today. The patient was in constant fear of some impending danger or of death. He has terrific pains on the top of his head and temples. Claims that something is surely going to happen to him. He is sure when he walks the street may cave in; will not sit near a window, as it may fall out and crush him. He is in deep despair; he weeps, there is surely no salvation for him. He bites his fingers. He is in a state of acute mental anguish. The physical prostration is marked. To my mind, arsenicum was clearly indicated in this case, and yet I got no results for a few days. I then administered some nickel sulphate, and we shall see. I am sure the "sup." would say I am crazy. Whoever heard of nickel sulphate in apprehensive neurosis?

April 8.

I am glad—glad is no word for it. The nickel sulphate is giving results, the case is improving finely. Drug-crazy—am I? Still, I think I am queer at times myself. There are times when I am afraid—afraid that some of my experiments will go wrong. Still, I must do it; something seems to drive me on. To-day, in room 14, MacLean complained he was persecuted by enemies; they all (who?) conspire; he is being slowly, but surely, poisoned. He refused to stay in bed, as his enemies were watching him through the wall and abuse him. He complained of sharp pain over the eyes produced by his enemies. I examined his tongue and found small red dots on the upper surface of the tip. Could there be a more direct or plain indication for a drug than this? Is not rhus tox. indicated here? And rhus tox. I administered. I will watch him.

Just before lunch they called me to see the inmate in room 16. He woke up screaming. His hands, feet, eyes and tongue were missing, he said; yes, there is one of his ribs in one corner; his liver and lungs are under the bed; his intestines, he said, are thrown all over the room. He is trying to get the different parts of his body together and show them to you; he then became confused and will not answer any more questions. A stupor seems to assail him. I note at the same time that his face is rather full, purplish; the tongue covered with a peculiar dusky tint; a somewhat pasty fur covers the edges

of the tongue, clearly showing what drug we must give him, and I administered specific baptisia.

April 12.

Made a new discovery to-day. Drop doses of nux vom. with four-drop doses of æsculus seem to have a decided effect in melancholia. In room 25, Mori just finished his dinner, became morose, gloomy, somewhat hypochondriacal; cried some and was very melancholic. The slightest mental or bodily effort seemed to produce violent pain in the head. Was somewhat yellow around the mouth. Gave him the two above-mentioned drugs, repeated again in an hour and again in one-half hour, with the most happy results. Tried the same in a case of melancholia in Dr. C—'s ward, in a woman. She was positive she is insane; sees rats, snakes, reptiles, all over her body; these have been sent down as a punishment for her sins. The pains in her head are sharp, and the same two drugs relieved her in two doses.

I think one of the best remedies in my hands is specific conium. The other day I gave three or four doses to Whelan, in room 12. He seemed to be in a stupor. His speech was very slow and offered with a great deal of exertion; could not understand anything; tries to evade people at first, and then tried to grasp everyone near him; seems to want to get hold of some one; talks to himself, claims he cannot hear well, is very restless. I administered specific conium. I have noticed that in all cases where there is great motor muscular activity, nervousness, restlessness, fidgetiness, associated with insomnia, as well as in active delirium, conium will overcome these cases. I have used it in a few cases in women who start and scream at any slight and sudden noise; who are constantly talking incoherently, and always insist upon walking up and down. Conium in these cases produced a mental calmness, and a nice, quiet sleep followed shortly and the patients awake feeling much better and nearly lucid.

I do not know why, but I have been feeling to-day quite sad and somewhat nervous. Everything seems to look gloomy to me, and I feel as if something is going to happen to me. You may laugh at me, but I seem to have a fear of some impending danger. I also have a foolish fancy that some one is watching me. While writing this, I have turned around a dozen times, left my seat twice, to see who is behind me. It is uncomfortable. I have been trying to analyze my feelings and my bad heart seems to be increasing, and a peculiar sensation of pins-and-needles spreads over my body. It is really absurd, but I actually felt like crying to-day when the "sup." remarked that "this little Dutchman will be insane some day." I wonder if it will be so. I am simply overworked perhaps. Should I take some of my specifics? My symptoms, as I describe them, call for specific pulsatilla. I mentioned this to Dr. C— (he is rather friendly now), but he remarked that pulsatilla is a "woman's remedy," but that I could take it. What does he mean?

April 15.

Dementia paralytica, as we all know, or think we know, is incurable. Yet there is a drug that exercises a beneficial influence even in that disease. I dared to make this statement the other morning, at a meeting of the staff

of the male division, when the new cases were brought in for examination. (The staff in this institution meets three times a week for the diagnosing of all new cases). The looks of the other internes and the peculiar sneering smile of the "sup." were worth watching. They did not even inquire what drug it was. And yet, a few days ago, in a well-defined case of dementia paralytica (in room 7), I administered specific tiger lily with the most surprising, gratifying results. The patient in room 7 woke up very much in a hurry. She told the orderlies that great business transactions awaited her attention that morning; she must hurry; she had appointments with Rockefeller, Morgan and Gould. A few other just as well-known financiers were awaiting her pleasure, as she (the patient) was very rich and owned all the railroads in Europe. Yes, she had to hurry. She was afraid to stay herself in the room, as she had peculiar wild feelings in her head, but she is sure she would feel fine if she could get her husband—or any other man would do—as her sexual excitement was very strong. This condition kept up till late in the afternoon when she passed into a quiet melancholia.

I was at a loss what to do for this patient when Dr. C— ordered me to see her; and, on the second day, when she exhibited the same symptoms, and also had pains in the mammæ and in the thighs, as well as dragging pains in the pelvis, I hesitatingly administered some specific tiger lily. The patient commenced to quiet down after the fourth dose and Dr. C— told me to-day that she is doing fine, that while she still talks of riches she is quite rational most of the day.

The above extracts were taken by me from the diary of an interne in a certain insane asylum. I give them as I found them, thinking they may contain some good ideas, at least, so it seems to me. I lay claim to no particular literary style. The notes have evidently been written while under certain impressions in the insane asylum.

910 St. John's Place, Brooklyn.

THE PROGRESS OF MEDICAL RESEARCH.

Emmett F. Cook, M.D., St. Joseph, Mo.

Perhaps the greatest of medical researchers was Pasteur, who said "the true democracy is that which permits each individual to put forth his maximum of effort." Medical science works for a democracy of health and to accomplish this there must be constantly going on more or less experimentation.

The general practitioner usually has very little time for experimenting, on account of his time being almost entirely occupied with his study and his patients, and medical science to-day advances, changes ground, almost hourly. Naturally he has been also too busy to specialize his observations upon one disease or group of diseases. He is effective, when he is effective, often not because he knows the real chemical why or wherefore of his drugs,

nor even because his diagnosis is skillful, but because Nature is something of a doctor herself.

Just as electric lights, telephones, a myriad scientific appliances, are not invented in the machine shops or factories where they are used, but in laboratories, after tireless theoretic experiment, so the advances in medicine and surgery are made by laboratory or clinical experiment, and only after their results are demonstrated beyond a reasonable doubt are they given to the world.

It was during the nineteenth century that Lord Lister discovered antiseptic surgery. This meant a great deal to the world, for, before that wonderful discovery, the horrors of blood-poisoning in hospital operations used to sicken even the surgeons. Hospital gangrene carried off thousands and thousands of our soldiers in the Civil War. The simplest wounds almost never healed without the formation of pus. The mortality from abdominal wounds and operations was ninety-nine out of every one hundred. Lord Lister changed all that. By his discovery he cut down the mortality following operations to its present low figure. Where once it was 99 per cent., it is now with many operations as low as 1 per cent. But he did this only after four years of patient laboratory work, experimenting and practicing on animals. Lord Lister's beneficent discovery in turn was made possible by Pasteur's laboratory experiments with fermentations, which put the English surgeons on the right track, suggesting the idea that blood-poisoning from wounds is the result of external infection by parasites in the air, on the original instrument of infliction, or on the hands and instruments of the surgeons.

Medical research has marched on and on until it has resulted in our knowing where tuberculosis, bubonic plague, cholera, diphtheria, typhoid fever, cerebro-spinal meningitis and like diseases come from; and in our already partially successful efforts to wipe out these diseases, is the result of long, patient, minute laboratory study and animal experimentation. The general practitioner had no more to do with it than the lineman with the invention of the telephone. It was worked out by experts, by scientists, who gave their lives to study and who practiced medicine rather by teaching others how to practice it. That is the "why" of the Rockefeller Institute of Medical Research, founded by John D. Rockefeller in 1900, with a gift of ten million dollars. The man who is engaged in research work, and thus is laying the foundations of medical practice, gets no fees, because he has no patients except guinea pigs, mice, dogs, cats and monkeys. The only way in which he can work, unless he has a private income, is under an endowment.

From reading medical journals and magazines I find that endowed institutions for research have existed for some time in France, as for instance, the Pasteur Institute, founded by public subscription in 1885, following Pasteur's discovery of a cure for rabies. In America we had to wait till one of our very wealthy men felt the touch of the scientific and humanitarian spirit which is an outgrowth of the nineteenth century. Mr. Rockefeller felt it, and now, in New York, we have one of the finest institutions for medical

research in the world, equipped with a laboratory and a very fine hospital for clinical study as well. More than thirty carefully picked doctors are engaged in work under the direction of Dr. Simon Flexner. Each of them receives a salary, not very large but sufficient to ive comfortably. As a rule men do not go into research work for the money, but usually for the good they hope to render to suffering humanity. Mr. Rockefeller's example has been followed by other rich Americans, and to-day we have the Memorial Institute for the Study of Infectious Diseases founded by Mr. and Mrs. Harold F. McCormick, in Chicago; the Institute for the Study, Treatment and Prevention of Tuberculosis, founded by Henry Phipps; and the department of biological and chemical research of the Carnegie Institute in Washington.

Now, in what way is mankind benefited, you may ask, by the minute and often to the lay mind meaningless experiments conducted at these research institutions? One of the best known examples of the Rockefeller Institute's work is the investigation of epidemic cerebro-spinal meningitis, and its discovery of a serum for its cure. From figures taken, this discovery has already saved hundreds of human lives and will go on saving thousands more, no doubt, in the future. This was the result of long, patient, careful experiment upon animals in the laboratory.

The lives of many animals were sacrificed in making the experiments which resulted in the discovery of the anti-meningeal serum, but who will say that the lives of the animals, which were principally monkeys, were worth more to our country than the lives of our fellow men. Without such sacrifice the discovery could not have been made. You cannot argue against vivisection unless you consider a monkey's life as valuable as the life of your son or daughter, brother or sister.

The so-called epidemic meningitis, due to a well-recognized bacillus called diplococcus intracellularis, is an infectious disease, more common among children, though not confined to them. In recent years there has been several epidemics of this dreadful disease, the most recent one being at Dallas, Texas, which resulted in great loss of life. It is claimed from reliable sources that the use of the anti-meningeal serum greatly reduced the mortality from the disease at Dallas. The mortality was as high as 80 per cent. before the serum was used, and after it was used, especially if used early, the mortality was greatly reduced; more than one-half according to reports in the various medical journals. From all accounts I have learned that it is very important that a diagnosis be made early, followed by the use of the serum, in order to get the best result.

From experiment it has been learned that the characteristic human epidemic meningitis can be produced in monkeys by cerebral injection of the disease germs or cocci. The disease has been transmitted from monkey to monkey, thus affording ample opportunity for thorough study of the bacillus on the tissues, their multiplication in the body and their presence in the nasal mucus; thus suggesting the channel of infection for human beings, and, finally, the experiments began looking toward an antiserum or cure. In one

instance, vaccination against smallpox, artificial immunity has been practiced for over one hundred years, without, however, its principle being understood. The principle of immunity is now better known, though its ultimate chemical or organic mystery remains unsolved.

Immunity is based on the fact that the blood, when invaded by the parasites of disease, develops some property within itself to fight and kill them. If it did not, every one of us would be dead of tuberculosis, typhoid, and a thousand other diseases, long before now. It is a well-established fact that the white blood cells tend to absorb or actually destroy the dangerous germs, and the cells also appear to secrete some anti-poison to counteract the toxic poison thrown off by the parasites. After recovery from disease, such as yellow fever, the blood apparently never loses its fighting power thus developed, and the disease cannot recur. That constitutes what is called natural immunity.

If immunity can be established artificially modern medicine will gain a great victory over disease. Jenner did it for smallpox a century ago by vaccination in advance of the disease. We know that it has been done for diphtheria and rabies after those diseases have entered the system. Dr. Flexner, of the Rockefeller Institute, has set about establishing immunity in monkeys and other animals. Finally, by patient and difficult processes, the disease has been transmitted to the horse, and the serum of an immunized horse, regulated to a standard of strength, so far as living matter can be regulated to a standard, was discovered to be most effective as an aid to recovery in monkeys infected with a fatal dose of the bacillus of epidemic meningitis. Because the disease in monkeys is in every effect closely allied to the disease in man, it finally seemed expedient to try the antiserum on a human patient as early as possible after infection, for it was found that the sooner the serum was injected in animals the better the results. The method of injection was intraspinal, or directly to the center of the disease. Experiments with intravenous injections of the antiserum worked out in Germany had failed. Apparent success at once followed the experiments with human subjects. Of the first four hundred cases treated with Dr. Flexner's antiserum, nearly 80 per cent. recovered. The figures on the mortality of the disease were happily reversed. It is said to require one hundred thousand cases to establish a medical law. Nothing like that number has yet been treated, but the results from those treated continue to be good and there is good reason to believe that the serum is a permanent addition to remedial medicine. Sick precautions are as valuable to a community as a cure, and the establishing of the fact that the channel of infection for meningitis is through the nasal passages makes it possible to use every sanitary precaution possible to prevent the spread of the dreadful disease.

So far, medical research has done but little to eradicate the deadly and mysterious scourge of humanity, namely, cancer. It has been studied for centuries and practically nothing learned about it. It was thought at one time that it was of parasitic origin, but, after much experimenting and study, no cancer parasite was ever found. It is now thought by the latest and most

modern investigators to be due to a microscopically invisible parasite or to some chemical substance. By animal experimentation it was found that such a thing as immunity to cancer exists. Animals which have recovered from a mild transplantation of tumor cells, thereafter cannot be affected by the most malignant cancer. Now, since no other disease is known to be caused by chemical poison generated from the cells, and other diseases are known to be caused by a submicroscopic parasite, the chances are for the parasitic origin of cancer. Since too, in other germ diseases where the channel of infection has been found, such as tuberculosis and typhoid, preventative measures have been made possible and since for several such diseases antiserums have been found, we may reasonably hope that some day cancer will be made less terrible.

At the Rockefeller Institute, Dr. Flexner secured the spines of two human beings immediately after death from infantile paralysis and injected the diseased matter speedily into the brains of monkeys. The monkeys became characteristically ill. This in itself would not be enough to prove the disease infectious, because it might have been caused by some toxic body in the human spines; but the disease was transmitted from monkey to monkey, proving its infectious character. It was proved that the infection could be carried through the nasal passages and the mouths of those suffering from the disease. The cause of the disease may even be carried on the clothing of an attendant at a sick bed and transmitted to others. Thus it was proved that cleanliness and care are the means of preventing the spread of infantile paralysis. Will an antiserum for the successful treatment of infantile paralysis be discovered? Investigators are now working toward such a discovery and hope is expressed that it will be found.

The bacillus of pneumonia is known; and it is known that we inhale it; but that is practically all we know at present about the disease. The secret of the resistance or non-resistance of the body, which determines recovery or death, at a certain point in the disease, has baffled all investigation. Yet the disease is one of the most widely-spread known to civilization. It is common to man and the animals. Surely the further investigation of this malady, in all its phases, is work that cries to be done. Who knows but what we may have in our own materia medica a remedy that will destroy the bacillus of pneumonia as it does the germ of diphtheria? Our own Dr. Jentzsch, of Chicago, has established the fact beyond a reasonable doubt that specific lobelia, when properly administered hypodermically, will kill the germ of diphtheria. It is said that the leaves of trees are for the healing of the nations; accordingly we have at our command, if we only knew how to use them, sufficient means to kill every bacillus, known or unknown, and the fact that we do not do it is because of our ignorance in using the weapons God has given us.

When we consider that it is by experiment and by the taking of desperate chances that anesthetics and antiseptic surgery were discovered, we cannot seriously question the attitude or the value of scientific investigation and experimentation. We need a great deal of this kind of work going on in our

own school. Nothing would bring us more conspicuously before the public. When yellow fever was conquered, it was at the expense of human lives, because this disease cannot be transmitted to animals. To prove that it is carried in the bite of a certain mosquito, men had to volunteer to be bitten. These men were heroes engaged in medical research. The first to lose his life was Dr. Lazear, and, on his memorial tablet at Johns Hopkins, President Eliot has written: "With more than the courage and the devotion of the soldier, he risked and lost his life to show how a fearful pestilence is communicated, and how its ravages may be prevented."

Experimentation along surgical lines has continually been going on until now we are told, from the reading of recent literature on the subject, that the leg of one animal can be grafted upon the thigh of another; that the kidneys, spleen and other organs can be transplanted. The heart itself has actually been operated upon. Some may ask what good can possibly come from such experiments. This is an example: Three years ago the infant child of a New York doctor was rapidly dying of "hemorrhage of the newborn," which kills one child in every thousand. The father woke up Dr. Carrel, of the Rockefeller Institute, in the dead of the night. Dr. Carrel hastened to the house. The father lay down beside his dying child. Dr. Carrel joined the artery of the father's pulse to a vein in the child's leg, and allowed the blood to flow into the baby. This resulted in saving the life of the child. Blood transfusion had been tried and abandoned in the past, because no way had been discovered to join the arteries without fatal blood clots. A new technique was discovered by Dr. Carrel by means of a circular suture. This method is now in general use by surgeons and has been the means of saving hundreds of lives. It is now possible to save your leg from an injury by grafting in the arteries of a goat. It is not beyond the range of possibility that some day you may substitute a whole leg, especially since it has been learned that tissues may be preserved in cold storage and still resume its living functions.

Much has also been learned regarding the positive action of drugs in recent years. The old-time method of drug administration was purely empirical, hit or miss, based on what this or that doctor had said worked well with some patient of his. The new method is truly experimental, the actual chemical action of drugs on vital tissues being tested before they are administered to human beings. While it is a fact that the Eclectic school has no million-dollar experimental laboratories, yet at the same time she has by faithful and patient work at the bedside of millions of patients developed a materia medica, which, when properly used, is absolutely certain in its results. There is no hit or miss empiricism about it, but just as sure as the diagnosis is properly made and the indicated remedy applied, the results always come and we know what to expect. Much of this knowledge was gained by experiments made upon lower animals, and a great deal came from actual bedside experience. At any rate, our fathers in Eclecticism applied the principle that like causes under like circumstances always produced like effects, and proved beyond a doubt that any agent that would slow the pulse

in pneumonia would do likewise in measles. The proving of this principle has removed all the uncertainty heretofore existing in the rational use of drugs. In so far as it has gone it has made an exact science out of the practice of medicine.

I can remember when the old family doctor carried a pocket full of prescriptions, and, when called to see a patient, if he found him suffering from bronchitis, reached down in his pocket and dug up a scrip that some other doctor had told him was good, mixed it up and went his way. This was hit or miss prescribing, purely empirical, and resulted in a large mortality. The educated physician of to-day, when called to see his patient, carries no pocketful of recipes, but instead a mind well-trained in the principles of specific medication, and when he arrives at the bedside uses the symptoms that present as signboards pointing to certain pathological conditions, and applies the remedies that have been proved certain for such conditions, and goes his way knowing that the result desired will be obtained.

Thus we see that much research work has been done in our own ranks which has proved of inestimable value to humanity, and the time certainly is ripe to go forward with this great work. New drugs and combinations of drugs are being discovered every day for certain diseased conditions which are proving of great worth. The 606 treatment for syphilis, and the subculoid lobelia for diphtheria, are of recent origin, and we find that in proportion to our number that Eclectics are doing their part. The truth that medical research is after is the exact nature of disease and health in the human body. No other science can have so direct a bearing on the welfare of mankind. No other science deserves more freedom, opportunity, encouragement. No other science leads its disciples into graver danger, keeps them in closer touch with human ills, requires more bravery and devotion. And no other science is so truly democratic, for its truths are of direct application to the lives and happiness of all men.

HOW I TREAT MEMBRANOUS CROUP.

W. H. Halbert, M.D., Nashville, Tenn.

It is sometimes quite difficult for one to tell another just how he does anything. We say treat according to indications; use the indicated remedy. In these cases the indicated remedy is the medicine which will relax the system, get the skin to acting well so that the false membrane will become detached, and we should also use the remedy which will prevent another false membrane from forming.

When I diagnose a case of pseudomembranous croup, I give the patient, young though she may be, one-fourth to half a grain of calomel at once. I then mix equal parts of specific jaborandi and eucalyptus and give seven drops with one teaspoonful of water every ten minutes until I get profuse perspiration, and then give the medicine every half hour in order to keep the skin moist. Specific aconite, one-eighth drop, may be given with each

dose if there is a temperature above 100° or 101°; one to three drops of specific lobelia should be added to each dose after the skin is moist. In addition to this I give one-tenth grain of calcium iodide every two hours. Another great help and one you cannot do without is specific eucalyptus, four ounces. Get a tin cup, a pint cup, fill it half full of water, add four teaspoonfuls of this, put over an ordinary lamp, on top of the chimney, keep it just hot enough to evaporate the eucalyptus sufficiently to saturate the room with the vapor. Keep the room saturated with this until the false membrane is destroyed. I have used this treatment for a long term of years and have lost only one case of this dreadful disease. In these cases in addition to the above use any indicated remedy. I have used the hypodermic lobelia, fifteen drops. I think this a great help, but it always nauseates and vomits the patient for several hours after receiving it. One case I felt sure would die I think the hypodermic lobelia saved.

MACROTYS.

Florence Tippett Truax, M.D., Atlanta, Ga.

Among the drugs of the American materia medica which may be considered peculiarly Eclectic, macrotys, cimicifuga racemosa or black cohosh holds a conspicuous place.

I once asked Prof. Jeancon, with whom this drug was a prime favorite, what, if any, was its physiological action. And he answered that, in his mind, without doubt, the remedy spent its force upon the motor fibers of the spinal cord. This theory will therefore account for the pronounced action of macrotys in muscular rheumatism, locomotor ataxia, and other lesions wherein motor sensation is involved.

We have long since learned to depend upon macrotys where we find muscular soreness or pain upon motion a leading factor.

In the treatment of la grippe, Eclectics have won a well-earned reputation for their ability to alleviate and, in some instances, obliterate the unendurable, all-over aching, which seems to be a concomitant feature of this disease. The headache accompanying la grippe is one where motion aggravates the pain, and where also the muscles of the scalp become sore and tender from the prolonged aching.

In the South the Eclectic profession maintains a pleasurable reputation in the treatment of that dread disease, smallpox. The terrible, constant aching of all muscular structure yields to the administration of macrotys, and so common has become the use of the remedy that the laity have become familiar with its use, and are able to help themselves by making an infusion of the crude drug fresh from the fields, and using the "tea" freely in the initial stages of smallpox.

We have spoken of the use of macrotys in muscular rheumatism, and consider it as nearly a specific for that painful lesion as a remedy can be for a named disease. Not because, however, we are prescribing for or at a

named disease, but because the condition met by this remedy is the all-important factor in the named disease.

The use of macrotys in headache must not be taken to mean that all cases of cephalalgia will yield to the administration of this drug. The macrotys headache is what our patient will denominate a "sore headache;" the scalp muscles being sore, tender to the touch, and made to throb and ache in tensive wave-like pains. In this condition macrotys in the small dose 30 gtt. to water ℥ iv. teaspoonful, every half to one hour, brings positive results.

The use of macrotys in the field of gynecology is so familiar that we will but mention its uses. In all so-called female diseases, macrotys fills an important place.

Metritis, endometritis, amenorrhea, dysmenorrhea and menorrhagia, each and all present conditions wherein macrotys is specifically indicated. That the drug acts upon the striated uterine muscle fiber cannot be doubted, so its action is peculiarly adaptable in instances which show wrong life in this direction.

In amenorrhea or dysmenorrhea from cold, macrotys associated with its twin remedy, pulsatilla, brings about reaction in surprisingly quick time.

As a partus-preparator, macrotys is without an equal. Given alone, or associated with pulsatilla, or her sister-drug, caulophyllum, macrotys steadies the nerves, strengthens uterine muscle fiber and tends to shorten and ease labor to a remarkable degree. Given during labor, the remedy stimulates contraction, gives force to muscular action and helps to make this painful ordeal at least a little less agonizing and more endurable.

CHRONIC CYSTITIS.

J. D. Musick, M.D., Calhoun, Mo.

Chronic cystitis generally comes on insidiously, manifested by dull pains, frequent and scanty micturition. Severe, localized pain, hematuria and emaciation will indicate ulceration of the vesical mucosa.

There are also symptoms of stricture, calculus, enlarged prostate and mental depression. The urine is alkaline, containing muco-pus, and on standing deposits a thick, glairy sediment. The quantity of urine voided is small, but if the catheter is inserted several ounces of fetid urine can be drawn.

The etiology, pathology, diagnosis and prognosis can be found in any good text-book, and as this paper comes under the therapeutics of cystitis I will leave these and take up our treatment, which will include internal medication, counter-irritation and local treatment to the bladder wall.

Our first object is to obtain a clean bladder. This may be done by irrigation, first with tepid, distilled water. Use either a double catheter allowing the fluid to escape as fast as it flows in, or a soft rubber catheter attached to a glass funnel, first filling the bladder, then depress the tube,

letting the fluid escape. Use only two to four ounces at first, until the capacity of the bladder is ascertained. Use irrigation once or twice daily until some improvement, then less frequent as is required. After using irrigation of distilled water, inject colorless hydrastic (Lloyd's), one drachm; zinc sulphate, four grains; distilled water, one ounce. Should the injection cause much pain, wash it out with tepid distilled water. Aseptic precautions should be observed closely during irrigation. To neutralize alkalinity of urine give ten to twenty grains ammonium benzoate every two hours till effect is produced.

Where there is discharge of blood and muco-pus geranium will be found to give good results; one drachm to four ounces of water; give one teaspoonful every two hours.

Apis is our best remedy where there is a constant desire to urinate, with difficulty in doing so, the urine being highly colored. Dose—five drops to four ounces of water; one teaspoonful every two or three hours.

I find for the hematuria that five drops of oil of erigeron on sugar every two to four hours will do much toward controlling the hemorrhage. To control pain and tenesmus use cannabis indica, one-half drachm to four ounces of water, one teaspoonful every two hours. Many other remedies will suggest themselves to the thoughftul practitioner, no two cases requiring the same treatment.

As a counter-irritant I like the thapsia plaster. This, applied properly, will soon produce a crop of small miliary vesicles upon a reddened surface. The plaster should be removed as soon as they appear distinctly. The vesicles rapidly increase in size when the plaster is removed and pustulation soon occurs. The patient should be cautioned against scratching the irritated skin as this will cause a spreading inflammation. Should inflammation occur it can be controlled by most any soothing antiseptic dressing. In many cases marked improvement will be noted after using this plaster. Active counter-irritation must be had with thapsia, obtaining our results in four to six hours.

The United States Treasury Department has ordered the Public Health Service to inspect all railroad trains and passenger vessels in order to protect the traveling public against danger from insanitary accommodations. This movement is the result of a conference of transportation and health authorities at the Hygiene Congress. It was pointed out that vessels and trains constantly carry a population equal to a large city. These people eat and sleep in transit just as if at a hotel. Yet no precautions are taken to insure cleanliness and proper sanitation such as are now demanded by the State of its hotels. Nor is any attempt made to protect employees from the constant risk of disease. These men, leading a particularly unstable and exposed life, are in contact daily with the sources of infection. It is but reasonable to demand that railroad managers take the same care of the public and their servants as do inn-keepers.

The National Eclectic Medical Association

QUARTERLY

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FOREST, HARDIN COUNTY, OHIO.

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THE MEETING AT DALLAS.

Arrangements for the meeting of the National Association at Dallas in June, 1913, are progressing very satisfactorily. The section officers and committees which have been appointed thus far have arisen nobly to the occasion and are enthusiastic and we are looking forward to an excellent and helpful program for every section.

You will observe that the number of sections has been increased, as it was thought that every phase of practice and duty of the doctor should be covered in some of the bureau material. We have asked that a section be devoted to organization and development, legislation and current business, that any discussion of any subject of general interest might not be introduced as a special privilege and carry the impression that such would be of special interest, as there are many subjects that are oftentimes generally discussed that are of vital interest, and, as such, should be given a place for their consideration.

We trust that the present year will mark the renewal of the old spirit of investigation in therapeutics, which animated our teachers and which really constitutes our excuse for our existence as a separate school of practice. We well remember that our teachers were enthused by the firm conviction that every one of the natural enemies of mankind, disease, except the natural limitations of vital resistance, were amenable to some remedy or treatment or management were we able to discover just what that remedy or course of treatment should consist of, and that it is our duty and it should be our proud privilege to discover what that might be, not that we would expect to discover a panacea, a universal cure, but how many times have we heard the assertion that this particular condition or disease, when curable, was amenable to this particular form of treatment or this remedy, and it should be successful. We have all demonstrated these truths in many instances, that certain remedies under certain circumstances

produce certain effects when it is possible for any remedy to do so, yet we are not privileged to rest with the work that has been accomplished; neither do we wish to accept anything as a final accomplishment in our beloved art, but renew our determination to harness every advancement to the usefulness of the afflicted, advocate every means of better living, to the highest standard of heredity and development, and remember that therapeutics includes every branch of the science of healing of whatever department or name which may be adopted for convenience or study, and that all must finally be subject to the judgment of the general practitioner, the man who must watch and sometimes answer for the course he has recommended, and for whose benefit these National meetings are and should be specially prepared.

The specialist is the supreme authority to which these patients may appeal, because his work in general is the care of those the condition of whom has progressed beyond the limit of the field of work of the general practitioner to the broader field which covers different stages of diseases and different diseases. But with the numbers of enthusiastic men working earnestly for the success of the Dallas meeting I am anticipating one of the best meetings we have had for many years, and I am sure that the hospitality of the South will be extended to us as it could be in no other section of the country.

The programme of the meeting and entertainment is in the hands of men whom we have no hesitancy in saying will see to it that this meeting will be a success in every department. WILMETH.

MEDICAL LEGISLATION.

The past winter again witnessed additional efforts to amend existing medical laws, and to increase the burdens of medical colleges and students. Efforts were made to add another year to the college curriculum in some states, making it a five-year course, the last year being as an interne or entirely clinical. In others, the preliminary requirements were raised; in others, again, additional burdens were placed on the colleges.

We must confess that we have never been in full harmony with this constant agitation, nor do we believe the movement is entirely unselfish. It is not solely for the advancement of the profession, but to better the condition financially of those in it. One needs only to listen or to read the addresses made before the various councils and committees to hear the never-ceasing cry "too many colleges; too many doctors." We were in harmony with the initial efforts to better the condition of the profession and of the schools, but the movement has gone too far, and the constant burdens being added to the profession will eventually terminate in making the profession an aristocratic one; none save those blessed with this world's goods being able to pursue the study of medicine. This same criticism can be truthfully applied to all colleges and universities. The large endowments are not benefitting

the indigent student, but are being used for elegant buildings, increasing salaries, equipment, etc. All worthy, no doubt, but they incidentally increase the cost to the individual student. We can cite many instances where tuition fees have increased more than 50 per cent. in the past few years. If one cares to compare catalogues of the same institution, he can see the gradual increase in the past five years. We have often heard the criticism made, that though the tuition in our State universities is presumed to be free, it cost more for outfits and incidentals than it would to send your boy elsewhere, where the tuition must be paid. It is an unfortunate condition that makes our institutions of learning schools only for the aristocrat. There was a time when the penniless boy could aspire to a collegiate course, but it is fast disappearing as are many openings in business lines. The accumulation of millions of endowments unfortunately, instead of cheapening education to the poor, but aspiring, increases its cost. The accumulation of these immense endowments have brought not only advantages, but disadvantages as well, and it is hardly a question which are the weightier of the two. A reasonable preliminary education and a properly regulated medical curriculum is an admitted desideration. The question is, are not our examining boards vying with each other in an effort to outdo one another. One adds a pre-medical year, another increases this to two years. The next door neighbor makes a degree a pre-requisite. Not to be outdone, another now proposes to make the medical course a five-year course and prescribes how many cases of confinement each student must attend. Have or do our examiners fulfill these requirements? Are they competent to examine a student who has? There is no doubt but what in practical medicine they are, but in the preliminaries or essentials with the rapid advances of the past few years, we think not. It looks very much as if the desire to outdo one's neighbor is the strong incentive, with a very large element of pure, unadulterated greed. mixed in for good measure. It is questionable, also of many if the rulings of the boards, and even the laws are not illegal. In many States exceptions are made in the requirements of the different or various branches of the profession. This sounds much like class legislation, which has always been odious. It has always been questionable whether such a distinction is legal.

Again, no one has been harmed by these arbitrary rulings and legislation save only the law-abiding citizens. Quacks, mountebanks and illegal practitioners still thrive and flourish. As we are writing this, a glowing advertisement in a city paper of "Lost Manhood," "Sexual Losses Restored," is staring us in the face. The recent exposure and wholesale arrests by the postoffice department illustrates most aptly the fallacy of much of the medical legislation and its inadequacy to suppress mountebanks and charlatans. It is time that common sense, equity and reason should, for a time, take control of medical legislation. It is now being formulated by the most despicable of trust methods, which are the control of the output, the strangling of all opposition and the annihilation of the weaker brother. The cry is, Dollars! Dollars! Dollars! but the possession of millions of them does not make a man after all; it is sterling manhood and push that counts. M.

SPECIFIC CONTAGIOUS DISEASES.

Recently we had the pleasure of visiting the contagious group of a general hospital. The appointments were fine. It seemed as though nothing was lacking that would aid in the care and welfare of the afflicted. Every precaution now known to mankind was at hand to confine the disease and prevent it from spreading to the unafflicted. The one thing that was apparent to the writer was the lack of remedial measures. It was simply a routine, such as is true of most hospitals. The medical profession has certainly reached a limit in medical nihilism, or it would be better to say "therapeutic ignorance." Fisher's solution and antistreptococcic serum for scarlatina and antitoxin for diphtheria, and then they are lost or have reached the limit. It is surprising how limited are many physicians in therapeutic knowledge. They are at a complete loss when confronted with complications or conditions calling for prompt action. The laboratory studies have crowded from the curriculum, materia medica and therapeutics, a knowledge of which is essential to success in practice. It is this dearth of knowledge that is responsible for the growth in sale of the proprietaries and semi-proprietary remedies. It is also the cause for the growth of patent medicines. The pendulum of scientific medicine has swung too far, and a reaction is bound to take place.

It is true the diseases named are classed as self-limited diseases; yet complications may prolong them. Medicines will not only modify their course as to severity, but modify and curtail complications as well. It is time for the awakening of the profession to the necessity for a more thorough knowledge of therapeutics. Physicians of experience realize its value, and the young physician realizes fully as well what a lack of this knowledge means to him. M.

FIRST AID TO SUFFERERS FROM ELECTRIC SHOCK PUT ON PAPER BY NATIONAL COMMISSION.

The Commission on Resuscitation from Electric Shock, organized through the initiative of the National Electric Light Association, with the co-operation of the American Medical Association and the American Institute of Electrical Engineers, has formulated rules for quick aid to those who have suffered from electric shock and has published them in pamphlet form. The commission points out that the instructions given apply also to instances of suspended animation from any cause.

The first thing to do is to break the current immediately without the rescuer also receiving the shock. This, the rules say, should be done with a single quick movement, using rubber clothes or gloves, or if these are not handy, a dry coat, a dry rope, a dry stick or board, or any other dry non-conductor. Beware of using metal or any moist material.

The rescuer should only use one hand if this is practical, and he is advised against touching the soles or heels of the victim's shoes because of the nails in the shoes.

As for the work of resuscitation, after the victim has been freed from contact, the commission says that the old method of laying a person on his back and working his arms back and forth has been discarded by present

day scientists in favor of Shafer, or "prone pressure" method of artificial respiration.

The above clipped from a daily paper is but a reiteration of what has been known for some years. Electricity is a subtle force or power, and withal a dangerous one when not properly harnessed. The writer has had some personal experience in the resuscitation of those shocked with electricity when unbridled. In addition to artificial respiration it needs persistence as well. In my own experience when ready to give up the struggle several times mental anguish and desperation urged me to renewed efforts which were finally successful in two instances. In each instance I removed the source of trouble without gloves. The electric shock being so powerful and so deadly should be under the supervision of State authority. Companies are careless in wiring, frequently have short circuits which the patron of the company is powerless to guard against. It would be far better for the welfare of the public if less political sparring was indulged in by our legislators, and some wholesome laws enacted that would be of practical benefit to the public. The life and safety of the peope should not be at the mercy of a selfish, greedy corporation. If a franchise be granted them, in return for it they should be made at least to safeguard the public from loss of property and life by reason of their carelessness and indifference. The public pray for relief, but professional politicians are too busy building political fences to heed the prayer. Let us hope that the millenium will soon come, when man shall come unto his own. M.

CURE OF CONSUMPTION.

The daily papers are announcing in bold headlines another cure for consumption, Friedmann's. It is too early to judge of its merits, but it no doubt will fare the same as others. It does not require a great stretch of the imagination to recall other cures, heralded as bold as this last one. We will recall Bergeon's, Koch's tuberculin, and now this one. If we mistake not, one was heralded from Philadelphia not twelve months ago, and there is one in California. Yet none have proven a panacea for all. Neither will there ever be a specific for a disease. Disease differs in manifestation in different people. Typhoid fever, scarlatina, diphtheria and others vary in their clinical picture. Each must be met as it presents itself. Our scientific friends are like a sheep following the bell-wether.

Salvarsan has had its day and many a poor victim is suffering its effects. The number of cases of optic neuritis, the result of a too enthusiastic use of salvarsan, will never be known.

We can recall "Brown Séquard's Elixir of Life," and many others equally as brilliant. All vividly flashed by bold headlines in the daily press, yet now forgotten. How wonderfully scientific.

Since writing the above, a new claimant for distinction has arisen in St. Louis. Probably some good may come out of it all. "A little leaven leaveneth the whole lump." M.

H. B. 28023.

We wish to call our readers' attention to the above bill having for its purpose the regulation of the sale of narcotic drugs. It may appear innocent in its face and possibly worthy, but it contains a "joker." Under its provisions, physicians would find themselves seriously handicapped in the practice of their profession, especially those dispensing their own drugs. We would advise our readers to take up this bill and all similar ones with their representatives and senators. Legislation is rife and unfortunately much of it is mischievous in its ultimate purpose. Doctors, get busy and watch, for all so-called medical legislation is far from innocent and has more than the good of the people in view. M.

NATIONAL HEALTH DEPARTMENT.

I note by the daily papers, president -elect Wilson is quoted as being in favor of a National Health Department. Possibly he is, yet we do not need it. There is no plausible excuse for it, save only to make more positions to be filled by practical politicians. Our Public Health Service is doing and has done good service and is removed from the inter-meddling of politicians and political upheavals. If more health legislation is needed, which we doubt, strengthen this service by more liberal appropriations and enlargement of scope.

We have heard the criticism made by State health officials; they lack initiative and organization. Granted for argument's sake, this may be true, which, however, we doubt, the fact still remains they have done valiant service for the people; work ungrudgingly and steer clear of politics which soon detracts from efficient service. We are suffering now from too much bureaucracy, too much political agitation, too much class legislation, too much legislation of all kinds and too great an army of office holders, too much red tape, too much politics. M.

NEWS AND NOTES.

Alabama.

The special tax of the medical, legal and dental professions was raised at a recent meeting of the Florence city council from $18 to $25, despite the protest of representatives from the various professions.

Arkansas.

Dr. W. G. Green, of 900 Scott Street, Little Rock, has recently suffered from an attack of pneumonia.

W. A. Hinton, M.D., has moved from Hot Springs to Little Rock.

California.

At the October meeting of the Los Angeles County Eclectic Medical Society Dr. H. C. Smith was the essayist; subject, "Scientific Medicine and Symptomatology." The essayist for the November meeting, held on the

evening of the 5th, was Dr. O. C. Welbourn; subject, "Diagnosis of Ascites." At the December meeting, held December 3, the essayist was Dr. Clinton Roath. The officers-elect for 1913 are: President, H. C. Smith, secretary-treasurer, P. M. Welbourn.

A. J. Atkins, M.D., has removed to 714 Pine Street, San Francisco.

W. P. Ferguson, M.D., has removed to 401½ E. Fourth St., Santa Ana.

Colorado.

Geo. H. Candlin, M.D., has removed from Eaton to Presidio, Tex.

Florida.

Judge Wolfe, of the Circuit court, in the case brought by the physicians of Pensacola regarding the legality of the recent license ordinance under which physicians were each assessed $10, has decided against the physicians.

Illinois.

Dr. Frank N. McLaren has been appointed surgeon for the C., B. & Q. R. R. at White Hall.

The alumni of the University of Illinois and the College of Physicians and Surgeons, together with a special committee from the Illinois State Medical Society, are urging on Governor-elect Dunne and the legislature, a plan whereby the university may absorb the medical school. The alumni of the professional school have offered to purchase all outstanding stock and to transfer it to the university on condition that the school become an integral part of the department of public education. The university trustees have signified their approval, and all that remains is for the legislature to agree to the plan, thereby assuming liability by the State for the bonded and floating indebtedness, amounting to $265,000. The alumni of the University of Illinois now state that they will be prepared to turn over the College of Physicians and Surgeons as a gift to the University, February 1. A petition sent by twenty-six members of the Woodford County Medical Society requests the senate and house of representatives of the State to consider the establishment of a medical department in Chicago. The petition further states that the location of a medical department or any part of it in Urbana will be detrimental to the best interests of the department.

At the annual meeting of the Illinois State Board of Health at Springfield, January 10, Dr. George W. Webster, Chicago, was re-elected president, and Dr. James A. Egan, Springfield, was re-elected secretary. The board decided to ask for legislation providing an appropriation for free typhoid vaccination, a State colony for epileptics and an appropriation to establish methods of preventing ophthalmia neonatorum.

Indiana.

New Laws.—The committee on tuberculosis of the Indiana State Medical Society has prepared a law to be introduced during the next legislature to quarantine all people suffering from tuberculosis. Public health authorities will be given sufficient legal rights to enforce the law. The State Board of Health has had a public hygiene bill written which will be introduced in the legislature at the request of the Travelers' Protective Association. It

provides for fine or imprisonment for the proprietor of any public building, such as hotels, cafes, boarding houses, etc., that is maintained in an unsanitary condition. This bill defines what are unsanitary and unhealthy conditions. Other bills have been prepared providing

1. For a civil service for county health officers.
2. For the removal of the pathologic laboratories of the State from the State House.
3. For empowering the State board to pass on all school-house plans.
4. For the establishment of a department of sanitary engineering.
5. For the enlargement of the capacity of the State Pasteur Institute.
6. For the enlargement of the executive offices of the State board at the State House.
7. For the co-operation with other States in work on occupational diseases, bad housing, etc.
8. For the control and eradication of cattle tuberculosis.
9. For the restriction of the use of cocain to physicians and dentists.
10. For the prohibiting of fraudulent advertising of medicinal preparations intended to be used for cure of diseases of man or animals.

The report of the trustees of the Indiana University asks for appropriations by the legislature of $50,000 for a site for the Robert W. Long Hospital, of $25,000 a year for the support of the medical school and of $100,000 a year for the Robert W. Long Hospital.

The Indiana State Board of Medical Examination and Registration has concluded a reciprocity agreement with the Pennsylvania board.

Kansas.

C. O. Hoover, M.D., has removed from Centropolis to Overbrook.

Kentucky.

The Eastern Auxiliary of the Kentucky Eclectic Medical Association met at Ashland, October 24, 1912. Afternoon and evening sessions were held. J. L. Richardson was elected president and N. W. Meadows secretary-treasurer for 1912-13. The next meeting will be held at Ashland, October 16, 1913.

Dr. H. H. Isaacs has removed from Woodstock to Level Green.

The State Board of Health announces that during 1911, 60,732 births were reported, not including 2,390 still-births, and 30,583 deaths. Of the latter, 12,443 occurred from preventable diseases, the chief cause being from tuberculosis which caused 5,181 deaths, diarrhea of infants, 1,124; pneumonia, 2,530; typhoid, 1,035; meningitis, 630; diphtheria, 545; influenza, 477; measles, 394; whooping cough, 324; puerperal septicemia, 161, and scarlet fever, 72.

At the annual meeting of the State Board of Health, in Louisville, January 8, messages were received from the Rockefeller Commission commending the work being done in Kentucky regarding hookworm and from Surgeon-General Blue, U. S. P. H. Service, promising to send an officer to Kentucky with the necessary equipment to make investigations among the prisoners of the State with a view to exterminating syphilis, with which 50 per cent. of the inmates of penal institutions are said to be afflicted.

Maryland.

Beriberi Clinic.—A clinic on beriberi was given at the University Hospital, October 1. Ten patients were exhibited, taken from the bark "Daylight," which reached Baltimore recently from Bombay after a voyage of six months. This is the first clinic on beriberi held in Baltimore and, it is believed, the first clinic of its kind to be held in the United States.

Michigan.

E. Mather, M.D., has removed from 168 West High Street to 46 Warren Ave., East, Detroit.

Missouri.

Dr. E. R. Waterhouse was elected president of the St. Louis Society of Medical Research at the annual election and banquet of the organization, held on the evening of December 10. He will succeed Dr. L. M. Ottofy, who has been president of the association since its inception two years ago. Other officers elected were: Dr. A. H. Schott, first vice-president; Dr. H. H. Helbing, second vice-president; Dr. D. M. Gibson, secretary, and Dr. F. W. Lester, treasurer. The board of censors for next year will consist of Dr. E. F. Brady, Dr. Joseph Gill, Dr. Scott Parsons, Dr. H. A. Uhlemeier, Dr. B. J. Wiesner, and Dr. Paul R. Fletcher. Dr. L. M. Ottofy presided as toastmaster.

New York.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York was held Thursday evening, October 17. The essayist for the evening was Dr. T. D. Adlerman, subject "Intracranial Tumors." The November meeting of the Society was held November 21. The essayist for the evening was Dr. Jas. Moran, whose subject was "Puerperal Eclampsia." The subject elicited considerable discussion. The December meeting was held on the 19th. Dr. O. A. Hyde read a paper on "Displaced Kidney." After transactions and routine business officers for 1913 were elected.

Dr. Robert L. Watkins has removed from Astor Court to 138 West Seventy-First Street.

The Brooklyn Therapeutic Society held its monthly meeting at Dr. Pearlstein's office December 10.

Dr. Maurice J. Lewi has resigned as secretary of the State Board of Medical Examiners and Dr. Otto Von Huffman, of New York City, has been appointed in his place.

The Specific Medication Club held its regular monthly meeting December 12. The essayist was Dr. James Steele, subject "Hemorrhagic Purpura." Officers elected for 1913: President, M. B. Pearlstein; secretary, John Birkenhauer.

The *Bulletin of the State Department of Health* for August shows that there were 11,525 births in the city of New York, that urban births outside of New York numbered 4,274, while the rural localities which are credited with a population of 2,331,688 report but 3,421 births. The number of

deaths in the cities outside of New York City was 2,766, while in rural localities the number was 2,702. The gain of births over deaths in New York City was 5,781, while for the rest of the State it was only 2,227.

Four years ago the city of New York transferred its rights in the property at Park Avenue and Sixty-Eighth Street, worth several hundred thousand dollars, to the Hahnemann Hospital with the understanding that the hospital should care for the poor. The Sinking Fund Commission has now decided to reconsider this transfer on the ground that the hospital is not caring for all the poor that apply. A committee of investigation has been appointed.

On October 1, the new child labor law of the State of New York went into effect. One of its most interesting provisions is that a thorough physical examination of all children between the ages of fourteen and sixteen years, who apply for certificates allowing them to work, shall be made by the local health authorities, and no certificate granted unless the child is in fit physical condition.

The Board of Directors of Flower Hospital are planning to erect new buildings at a cost of $800,000, approximately, and it is believed that when the work is completed this hospital will be unsurpassed in the city in point of equipment and emergency service. The first building to be erected will be a six-story structure on the north side of the block owned by the hospital, and when completed it will take the place of the present medical building, which will be turned over to the dispensary. The surgical pavilion will be torn down and replaced by a modern structure. It is expected that the first building will be ready for occupancy in about fifteen months.

There is a bill before the legislature providing for a medical examination of both parties to a marriage contract before the issuance of a license, making it a misdemeanor for the contracting parties to procure a license by fraud, for a doctor to issue a false certificate and for a minister to solemnize a marriage, knowing that the provisions of the bill have not been complied with. The bill has the endorsement of the New York County Medical Society.

Ohio.

With the November, 1912, issue the *Eclectic Medical Gleaner* suspended publication. The editor, Dr. Harvey W. Felter, assumes editorial charge of the *Eclectic Medical Journal*. He will also be engaged in preparing a work, *The American Herbalists*, which will be published as a bulletin of the Lloyd Library.

Dr. Oscar E. Townsend has removed from Chippewa Lake to Washington C. H.

The governor-elect of Ohio, Hon. James M. Cox, has shown great interest in the conservation of the public health along all lines. To obtain the views of all parties interested a conference was held December 26, 1912, at the Algonquin Hotel, Dayton. The various bodies were represented by the following officials: State Medical Board—President Duncan, Secretary Matson, Dr. McCann; State Board of Health—President Hasenkamp, Secretary

McCampbell, Dr. Sutton; State Board of Veterinary Examiners—President Shaw and Secretary Cook; State Board of Pharmacy—President Voss; State Board of Dental Examiners—President Matlack, Secretary Bartilson; State Registrar of Vital Statistics—Dr. Holland; Ohio State Medical Association, Legislative Committee—President McClellan, Secretary Upham; Ohio State Homeopathic Medical Association, Legislative Committee—Chairman Phillips, Dr. Keiser; Ohio State Eclectic Medical Association, Legislative Committee—Chairman Scudder, Dr. Williams; Ohio State Dental Association, Legislative Committee—Chairman Price, Dr. Williams. In opening the meeting Mr. Cox made a rousing speech favoring progressive legislation along health lines. He particularly urged the efficiency and economy in the conduct of all agencies now at work. The concensus of opinion expressed by the medical and dental representatives was for the enforcement of present laws, maintaining that they represent all that is now needed in the way of regulation.

Dr. John K. Scudder has purchased his brother's interest in the *Eclectic Medical Journal* and the assets and good will of the Scudder Brothers Company, and will hereafter conduct the publishing business in his own name.

The general observation that rich and well-to-do families have few children and poor families have many is borne out by a recent comparison made by Dr. A. C. Holland, Ohio State Registrar of Vital Statistics. Dr. Holland has pointed out Lake County, where the average wealth per capita is $715, and only 329 babies born in 1910, while in Lawrence County, one of the poorest, where wealth per capita is only $399, there were 1,118 babies. The birth rate in Lawrence County was just twice as high as in Lake, 28 against 14 babies per 1,000 population. The rate was 16 in Lake in 1909, a loss of two points for 1910; and in Lawrence County, the rate jumped from 27 to 28.

The Ohio State Board of Health has undertaken work in experimental medicine, with monkeys as subjects, in an effort to solve some of the hitherto unsolved problems in infantile paralysis. There are at the present time about four hundred cases of this disease in the State of Ohio.

Pennsylvania.

Dr. J. M. Baldy, president of the Bureal of Medical Education and Licensure of Pennsylvania, reports that at a meeting held at Harrisburg, November 1, 1912, it was voted that after January 1, 1914, the bureau would require for admission to medical colleges, in addition to a standard four-year high school course or its equivalent, not less than one year of college credits in chemistry, biology, physics, and a modern language other than English, or the equivalent thereof as determined by the Bureau of Professional Education; and for examination for license to practice medicine in the State of Pennsylvania, a year of service as interne in an approved hospital, or a year of approved postgraduate instruction, and that the necessary amendments to the medical practice act be secured at the coming session of the legislature. If this legislation is secured Pennsylvania will be the first

State to require that every applicant for a license to practice medicine within its borders must have held an interneship in a hospital. Pennsylvania, therefore, has the opportunity to be the first State to demand this most desirable qualification for licensure.

Dr. Charles J. Hemminger, of Rockwood, Somerset County, has been elected representative to the State legislature.

R. E. Heacock has removed from Tatamy to Bethlehem.

Tennessee.

L. M. Dykes, M.D., has removed from Bristol to Johnson City.

The medical organizations of Tennessee are urging upon the next legislature of that State four measures of great value to the State. The first is an efficient and intelligent vital statistics law; the second is the medical inspection of schools; the third is an amendment to the medical practice act prohibiting the issuing of licenses to practice medicine to undergraduates in medicine. Tennessee is now the only State in the Union licensing undergraduates. The fourth measure is a new plan for filling vacancies on the State Board of Health. Under this plan the appointment would be made from a list of names selected from the general State medical organizations, and might eliminate some of the politics.

Texas.

James Yates, M.D., has removed from Ft. Davis to Alpine.

J. P. Rice, M.D., has removed from Presidio to 705 Avenue B., Miami, Fla.

Dr. W. L. Crosthwaite, Waco, has been elected secretary of the State Board of Medical Examiners, vice Dr. J. R. Mitchell, Fort Worth, resigned.

West Virginia.

Dr. Richard V. Lynch has removed from Clarksburg to Hepziban.

Miscellaneous.

Some Medical Syllogisms.—We are taught in our universities mental discipline, such that we do not "go off half cocked," as it were, under the sad influence of misdirected enthusiasm or of ill-considered impulse, but regulate our being by the strict rules of logic. Logic is power! Hence, in our consideration of medical education we gain a powerful ally if we call logic to our aid. A few syllogisms of the Barbara, Celarent, etc., variety will here be appealed to in order to crush forever the theory that any medical education but a university one is of the least moment. Elevate the standard! Number I:

All doctors must be educated.
All doctors are originally students.
. : . All students must be educated.
We hope this carries weight!
Now for Number II:

All students must be educated.

All education is acquired through teachers.

. :. All students require teachers.

So far so good! Then steps in the learned Council with the following syllogism (not ours):

Number III:

Medical students require thorough teaching.

Thorough teaching requires pedagogical specialists.

. :. Medical students require all-time teachers (pedagogical specialists).

This sounds well in print, and it also leads to the following:

Number IV:

Medical students require all-time teachers.

All-time teachers cannot be doctors (the Council says "must not.")

. :. Medical students require teachers who cannot be doctors.

In other words, stripped of unnecessary verbiage and of other pompous "poppycock," the university argument is that in order to become a successful practitioner the student must be taught by unsuccessful ones which, in effect, all-time men usually are.

It will be objected by the stern logician that there is a fallacy in the last statement, in that all medical teachers are not all-time men. Not yet, we admit, but soon, unless the progressive people rise up and smash the medical Boss, along with those other bullies.

Elevate the standard! but elevate it by graduating real doctors, and not educated manikins. C. M., in the *Clinique*.

A discovery that is expected to remove the danger to which manipulators of the X-ray have been subjected in its handling has been announced at the Academy of Sciences of Paris, France, by M. L. G. Droit. In his experiments M. Droit was impressed with the remarkable capacity of silk while being dyed to absorb considerable quantities of metallic substances. With the aid of two silk manufacturers he succeeded in getting a piece of silk heavily absorbed with lead and other substances which proved impenetrable against the rays. One piece of silk thus charged weighs 266 grains to the square meter. With six thicknesses of this silk M. Droit fashioned a short glove which he has used successfully in handling X-rays.

Happy Thought!—"The practice of medicine does not pay," says Pritchett, of the Carnegie Foundation, in his introduction to Flexner's report on medical education in Europe.

Happy thought! Since the practice of medicine does not pay, by all means, Brother Pritchett and other unpractical, idealizing brethren, fix things so that it pays less and less every year. This can be readily done by boosting the preliminary education to the level of a Ph.D. degree, increasing the medical curriculum until it occupies a term of eight or ten years, demanding three years extra in the hospitals, two years of postgraduate work

in Europe, and six weeks' examination by every State board except Alaska, before the medical what-is-it is allowed to prescribe a dose of salts for a constipated mule. Also keep your eye on the doctor all the time, and every time, to see that if he is apparently succeeding a systematic "knocking" of him shall be set in motion by the organized medical failures all around him. At the same time pay no attention to the 14,000 quacks around the corner who are getting his practice, and will keep on getting it as long as Flexner & Co., Unlimited, keep up their "knocking" in the newspapers and elsewhere. —C. M., in *The Clinique*.

A Lamentable Condition.—The new system of medical education, by which the student is taught almost everything except the art of practicing medicine, is already bearing fruit in that it produces an ignoble army of highly educated medical paupers. The university schools, by virtue of their violation of natural economic laws, are turning out a class of doctors who are utterly unable to practice medicine in competition with others naturally better gifted in the art. The result is that dire poverty faces a number of technically educated physicians in whom lack of common sense and of every day gumption is an all too conspicuous feature.

The research field, instead of the medical field, is now overcrowded. The writer speaks from knowledge when he avers that good research workers, who have had years of experience, can now be hired cheaper than letter carriers or policemen.

Yet they call this "elevating the standard!"—C. M., in *The Clinique*.

Mistrust Migraines after Forty-five.—A so-called migraine persisting after the age of forty-five or fifty is to be looked on with very grave suspicion indeed. In such cases you will examine the urine and arteries very carefully; or, some indications of a latent cerebral tumor may be hit on. Mistrust "migraines," then, however "paroxysmal" the attacks may be, however typical the affection may appear if they go on after forty-five years of age. I am almost disposed to say curtly, that if in a migrainous person the migraine persists in later life, there is probably a screw loose somewhere in his constitution.—T. Clifford Allbutt, in *Clinical Journal*.

Treatment of Pellagra with Gelsemium.—Roy Blosser, Atlanta, was led to use gelsemium in endeavoring to relieve a pellagrous patient who complained constantly of severe pain in the feet, obtaining remarkable results when the usual remedies failed. So far as Blosser is able to ascertain, this drug has not been used heretofore in this disease, probably because of the contraindication on account of the anemia generally present. The depressing nature of the drug should be borne in mind, and its effect closely watched. It is recorded that thirty minims of the tincture caused death in a patient with feeble circulation, though it is possible that this might have been a case of extreme idiosyncrasy. The dose used by the writer is three or four drops

of the fluid extract given every fourth hour. If drooping of the eyelids or diplopia occurs, the medicine is withheld and no further unpleasant effects occur. The medicine was used in five cases. In the first all other agents were discontinued, and the patient soon had cessation of the pain in the feet; strength increased; appetite returned and weight increased forty pounds, the patient apparently regaining her normal state of health. Much improvement was noted in four other cases.—*Journal-Record of Medicine,* November, 1912.

In seeking hospital appointments, accept small positions in institutions where you can grow and be advanced, rather than what may appear better positions in hospitals run on the basis of favor and to keep capable men as under-strappers for a couple of mediocre surgeons of old family or of political influence. It is vastly better for a physician, in the long run to be his own boss instead of some other man's assistant. It is very easy to follow, but it takes some stuff in you to blaze your own way. The sooner one jumps in for himself the sooner he will make a real success. There are a great many gilded and pampered assistants, who can't make enough money to marry, and some of them are called "Professor," and some of them write good books—with their employer's name on the title page. There are a number of more or less noted medical men who maintain their positions almost wholly by virtue of their ability in choosing assistants much their own superior—and then keeping these assistants hypnotized.—*Exchange.*

The week of November 11 was most notable in New York for medical and surgical activity. In addition to the third annual session of the Congress of Clinical Surgeons of North America, many other organizations concerned with subjects pertaining to medicine and surgery held meetings. The Congress of Clinical Surgeons was perhaps the largest assembly of surgeons that the world has ever witnessed, there being over 2,600 registrations. The days were devoted to clinics and the evenings to scientific meetings. There were as many as 180 to 190 clinics in progress and 300 to 800 operations performed daily. One of the clinics most largely attended was that given by Mr. W. A. Arbuthnot Lane, of London, at the new Polyclinic Hospital when between four and five hundred were present in the amphitheater. The clinics were so arranged that each visitor could see the most possible of the work being done in his specialty. The scientific sessions were held in the ballroom of the Waldorf-Astoria with the exception of the Thursday evening meeting which was held in the Academy of Music, in Brooklyn, where the congress was the guest of the King's County Medical Society. At the closing executive session of the congress resolutions were presented by Dr. Franklin H. Martin recommending that a special college of surgeons be established with power to grant a supplementary degree to the degree of medicine, which should be a fellowship in the proposed college. This would be equivalent to a post-graduate degree similar to the F.R.C.S. of Great Brit-

ain. Resolutions were also passed recommending a campaign of publicity on the subject of cancer of the cervix and a committee of five, consisting of Drs. Thomas S. Cullen, Baltimore; Howard C. Taylor, New York City; C. Jeff Miller, New Orleans; F. F. Simpson, Pittsburg, and E. C. Dudley, Chicago, was appointed by the president to disseminate this information by having articles written to be published in the daily press or weekly and monthly magazines as might prove most expedient. The membership of the congress was so large that some method of limiting it to 2,000 members is under consideration. The officers elected for the following year were: president, Dr. George Emerson Brewer, New York; vice-president, Dr. W. W. Chipman, Montreal; general secretary, Dr. Franklin H. Martin, Chicago; general treasurer, Dr. Allen B. Kanavel, Chicago, and chairman of the committee on arrangements for 1913, Dr. E. Wyllys Andrews, Chicago. The nominating committee recommended Chicago as the next meeting place.

The Increasing Sale of Nostrums.—In spite of the campaign against secret remedies their sale appears to be increasing. According to statistics issued by the Board of Customs and Excise the revenue from medicine stamp duty for the year ending March 31, 1912, was $1,600,000, an increase of $10,000 on the preceding year. On this basis the amount spent on secret remedies in Great Britain can be approximately calculated. All shilling (24-cent) packages must bear a 3-cent stamp. The revenue would therefore account for over 52,000,000 shilling packages, which would be sold for $12,500,000. This estimate is subject to the correction that some of the nostrums are of higher value and bear a higher revenue duty, but this correction would not make a substantial difference. The number of licenses issued during the year to venders of nostrums was 43,131, a slight increase on the preceding year.—*Journal A. M. A.,* December 28, 1912.

(The above clipping reaffirms the position taken that the standards in England are not superior to those maintained in this country. In fact not as high as in many states. The arguments advanced are frequently "far-fetched," not only as regards medical education, but proprietary medicines as well. Ed.)

Medical education is a subject of perennial discussion and many schemes of reform are brought forward which never mature. A single portal by a State examination, such as exists in many continental countries, has long been advocated but seems no nearer fulfillment. It offers the obvious advantage of a uniform standard which can be adjusted to any level of knowledge thought desirable. At present, about fifteen universities grant degrees in medicine and in addition there are several colleges which grant licenses to practice. Thus there are more than twenty avenues to qualification. The General Medical Council appoints inspectors to visit the various examinations and see that a proper standard is maintained, but this is a much less efficient method than a uniform single examination. It is well known that

the examinations of different bodies vary considerably in standard. Moreover, the fact that some competition exists between the different licensing bodies has a tendency to lower the standard. The General Medical Council also supervises medical education and here, by its regulations, ensures a certain uniformity. Thus a five-year course of study and attendance on lectures in the various branches of medicine and the ancillary sciences, as well as the passing of various examinations, is rendered obligatory. This five-year course is an extension of the course which existed some years ago and amounted to only four years. Now the growth of science, especially of physiology and biochemistry, has been so great in recent years that five years is not regarded as sufficient, but the increased expense stands in the way of the adoption of a six-year course. A way out of the difficulty, advocated by some reformers, is to exclude the preliminary sciences, such as chemistry and physics, from the medical curriculum and insist on a certificate of knowledge of them before entering on it. Thus the whole of the five years can be devoted to medical study. This is the method adopted in France.

Infectious Diseases.—Cases of dengue were reported, October 31, from Tampa, Gainesville, Miami and Key West, Fla.——Seven-day fever, a disease previously reported only in India and in ports of southeastern Asia, has occurred in the Canal Zone during the past summer. The Public Health Service warns physicians to be on the lookout for it in the differential diagnosis of malaria, typhoid, dengue and other fevers. No fatal cases have been noted.——An investigation by the Public Health Service covering 4,000 people in the mountain region of Kentucky discovered 500 cases of trachoma, or 12.5 per cent., and it is believed that similar conditions exist in the other Appalachian Mountain States. It has also been found to prevail extensively among the Indians on the reservations in the West and Northwest.——One plague-infected rat was found at Arecibo, Porto Rica, October 30.——A plague-infected ground squirrel was found in Contra Costa County, Cal., October 8. No additional cases of plague have been reported in human beings.——A few cases of poliomyelitis continue to be reported from various sections of the country. The epidemic at Buffalo has entirely subsided.

The Secretary of the Treasury and the Public Health Service.—The annual report Mr. McVeagh has just submitted to Congress clearly demonstrates that the opinion of some to the effect that the Secretary of the Treasury takes no active interest in public health work—indeed, that he is inimical to present conditions—is unwarranted. While expressing his gratification that the last Congress saw fit to enlarge materially the active functions of the Public Health Service, he earnestly urges, in view of the immense field of operation it covers, its own independent work, and the material help it contributes to municipal health boards—to which we would add the aid furnished to investigators by its splendid publications—that Congress

continue its good work by an immediate and adequate financial provision for the enlarged service. No one who has followed, as we have, the wonderful development of the Public Health Service and gauged its value to the country as a whole, can but approve the attitude of Secretary MacVeagh, and with him express the hope that there shall be no further delay in providing the relatively small appropriations necessary to enable the service to carry out the improvements decided upon.

The belief of some people that economy and greater efficiency would be secured by consolidating the Public Health Service with certain other bureaus is shown, and rightly too, to be fallacious. Such a service requires individuality if a vigorous life is to be insured; its head must assume the responsibilities of its own clearly defined functions, and concentrate his attention upon these alone if they are to be carried on with full efficiency. To associate it with other bureaus would simply serve to forfeit its independence and compromise its usefulness. It would not absorb, but be absorbed. Elements of weakness and decay would be introduced in the midst of a wonderful development which nothing now obstructs.—Editorial *N. Y. Medical Journal,* December 14, 1912.

(Not all opposition comes from minority schools and "League of Medical Freedom." There are others that can see the efficient work being performed by this branch of our service, even though removed from political activity. I fancy that it is the latter that hurts. Ed.)

MARRIAGES.

December 19, 1912, at Mechanicsburg, O., William A. Stoutenborough, M.D., of Aurora, Ill.; to Mabel Lucile Bolton. At home in Cincinnati, January 1, 1913.

Allen Murphy, M.D., to Elizabeth New.

At Wichita, Kan., October 24, Dr. Harry T. Davidson to Nina F. Nelson. At home after January 1, 1913, at Kansas City, Mo.

Richard V. Lynch, M.D., to Miss Mary Romine, November 28, 1912. At home at Arie, W. Va.

OBITUARIES.

Barry, John W., Eclectic Medical Institute, Cincinnati, 1905, at his home in Cincinnati, November 25, aged thirty-one.

Bean, Oliver W., Eclectic Medical Institute, 1887, at his home in Sheakleyville, October 29, aged sixty-two.

Benson, D. L., St. Louis Eclectic Medical College, 1883, at Mountain Grove, Mo., November 23.

Butler, Thomas Mufflin, Eclectic Medical Institute, Cincinnati, 1857, at his home in Rockford, Ill., November 28, aged seventy-nine.

Darragh, John, Eclectic Medical Institute, Cincinnati, 1895, at his home in Cincinnati, October 14, aged fifty-seven.

Dinwiddie, F. G., American Medical College of St. Louis, 1899, at his home in Camden Point, Mo.

Dorsey, William H., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1897, at his home in Griffin, Ga., October 26, aged forty-two.

Foote, Edward Bond, at his home in New York City, October 12.

Ford, Edgar David, Eclectic Medical Institute, Cincinnati, 1896, at his home in Front Lake, Mich., November 14, aged forty-six.

Green, William Elza, Eclectic Medical Institute, Cincinnati, 1872, at his home in Little Rock, Ark., January 5, aged sixty-eight.

Jones, William W., Eclectic Medical Institute, Cincinnati, 1881, at his home in Utica, N. Y., November 8, aged fifty-five.

Laflin, Harvey B., Bennett Medical College, Chicago, 1873, at his home in La Crosse, Wis., December 22, aged seventy-eight.

Lowry, Elisha M., Eclectic Medical College, Macon, Ga., 1852, at his home in Ft. Smith, Ark., December 19, aged eighty-four.

Messinger, Celestia D., Bennett Medical College, Chicago, 1883, at her home in Brooklyn, N. Y., December 5, aged seventy.

Ritter, Walter Lee, Eclectic Medical College, Cincinnati, 1912, at his home in Jersey Shore, Pa., October 10, aged twenty-seven.

Ritter, Samuel J. Tilden, Eclectic Medical Institute, Cincinnati, 1897, at his home in Bethlehem, Pa., December 4, aged thirty-six.

Schaefer, George, Eclectic Medical College of the City of New York, 1905, at his residence in New York City, November 11, aged forty-two. Professor of pharmacy in his alma mater at the time of his death.

Shultz, John B., Eclectic Medical Institute, Cincinnati, 1860, at his home in Logansport, Md., December 10, aged seventy-three.

Sims, Waine, Reformed Medical College of Georgia, Macon, 1857, at his home in Crosskeys, January 3, aged eighty.

Solabinaw, Joseph, Eclectic Medical College of the City of New York, 1882, at his home in Passaic, N. J., December 26, aged sixty-five.

Spaulding, Thomas, Eclectic Medical Institute, 1870, at his home in Los Angeles, Cal.

Strickler, Emory, Eclectic Medical Institute, Cincinnati, 1865, at his home in Shinnston, W. Va., October 25, aged eighty-four.

Surber, David, Eclectic Medical Institute, 1865, at his home in Bonner Springs, Kansas, November 23, aged eighty-four.

True, Herman L., Eclectic Medical Institute, Cincinnati, 1870, at Columbus, O., October 22, aged sixty-seven.

The United States Treasury Department, upon the advice of the Public Health Service, has issued an order abolishing the common drinking cup from all interstate railroad trains "unless they are thoroughly cleansed by washing in boiling water after use by each individual." As this latter provision is rather difficult of fulfillment the railroads will in the future refrain from providing common cups. Twenty-six States have laws prohibitive of the common drinking cup in intra-state traffic.

BOOK REVIEWS.

"Himself." Talks with Men Concerning Themselves. By E. B. Lowry, M.D., author of "Herself," "Truths," etc., and Richard Lambert, M.D.

We have had occasion to review the works of E. B. Lowry, M.D., in these pages. We now desire to call attention to "Himself," the conjoint work of the two authors mentioned above. The works of Dr. Lowry have proven successful. This no doubt will be equally so. Eugenics is occupying the center of the stage at present. The intelligent teaching of the young in questions pertaining to reproduction, preservation and health, seems surrounded with needless difficulties. We commend this book to the perusal of those men who desire to know the truth unadorned with the mawkish language of the charlatan and the fake. M.

Practical Surgery: Diagnostic, Therapeutic and Operative. By B. Roswell Hubbard, M.D., Professor of Surgery in the California Eclectic Medical College of Los Angeles; Member of the State and National Eclectic Medical Societies, etc. With numerous illustrations. Los Angeles: The Signogram Press, publishers, 1911. Price, $6.00.

This volume is dedicated to the advocates of Liberal Medicine in America and is well worthy their attention. It is a volume of 1,300 pages, and, unlike the majority of works on surgery, pays some attention to therapeutics. Surgeons are prone to become therapeutic nihilists; this our author avoids, as throughout the work practical therapeutics is interwoven with the surgical treatment. Every medical man recognizes the necessity for a following-up treatment of his surgical cases. This is relegated to him by the surgeon. Our author assist us in this line. We commend this work to our readers as the most recent work on surgery by an Eclectic author and trust it will receive the attention at their hands it deserves. M.

Specific Diagnosis and Specific Medication. .By the late John M. Scudder, M.D. Twelfth edition, reprinted; 12 mo., 819 pp.; cloth, $3.00. John K. Scudder, M.D., publisher, 630 W. Sixth Street, Cincinnati, O.

To those who listened to the teachings of the late John M. Scudder, or to those familiar with his writings, this book needs no commendation. As I glance through the pages of the first portion of the volume before me, "Specific Diagnosis," there is a familiarity that comes from a long acquaintance. The first work pertaining to medicine, save only anatomy and physiology, read by the reviewer, it reads like an old friend. Though now more than a quarter of a century has passed since that time, I find page after page that contains much that is instructive and bears perusal. It can be read and reread with profit, not only by the young but the older physicians as well.

M.

Hypodermic Medication. By Frank Webb, M.D. With prefatory remarks by John Uri Lloyd, Ph.M. Published by the Therapeutic Publishing Co., Boston, Mass. Price, $1.00 net.

This brochure of 120 pages is devoted to the uses of certain galenical preparations hypodermically. Our attention was probably called to this

mode of using plant preparations by Dr. Jentzsch, of Chicago, who thus used specific lobelia in diphtheria. We have used other remedies in the same manner, as apocynum, gelsemium and veratrum. To these few the author has added many others. The author commends this method of medication for its certainty and rapidity of action. M.

Medical Men and the Law. A Modern Treatise on the Legal Rights, Duties and Liabilities of Physicians and Surgeons. By Hugh Emmett Culbertson, Esq., Member of the Ohio and New York Bars; Contributing editor to many legal publications. Octavo 325 pages. Cloth, $3.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1913.

This work contains twelve chapters. The first or introductory chapter contains a short historical survey of medical laws and definitions of law. Chapter II is entitled "Definitions," and defines "physician," "surgeon," etc.; Chapter III, "Who May Practice Medicine and Surgery." Chapter V, "Compensation," was read throughout with much interest. The last chapter is devoted to a consideration of "Wills." Space does not permit me taking up this work, chapter by chapter, as we should in order to review it properly. The fact is, we have found it good and valuable reading from cover to cover. Many valuable suggestions are given in short, concise language. We commend this book to all physicians desiring to know their legal relations. It can be read with pleasure and profit. M.

W. B. Saunders Company, medical publishers, are now established in their new building on West Washington Square—an ideal site right in the heart of Philadelphia's new publishing center. The remarkable success of this house and the rapid growth of their business, with the increased facilities which this growth demanded, necessitated removal to larger quarters. They therefore erected a seven story building, housing all their departments under one roof. Constructed of reinforced concrete, the building is absolutely fireproof and equipped with every modern aid for the manufacture and distribution of medical books and for the comfort and convenience of their employes. A cordial invitation is extended the profession to inspect the new plant.

Dr. Rupert Blue, surgeon-general of the U. S. P. H. Service, is making plans to establish a museum or permanent exhibit on sanitation and hygiene. It is one of the duties of the Public Health Service to disseminate knowledge of sanitation and hygiene, and he believes that this can be greatly promoted by such a permanent exhibit.

An order promulgated October 19 by the United States Public Health Service prohibits the use of the public drinking cup on rail or water common carriers engaged in interstate commerce. All water used for drinking purposes on trains and vessels on interstate runs must be certified as to purity and water containers must be scalded with steam at least once a week.

THE DALLAS MEETING, JUNE 19, 1913.

Some Facts About Texas.

Texas, with its area of 265,000 square miles and 167,865,000 acres of tillable soil, of which only 27,120,000 acres are yet in cultivation, is the greatest agricultural country under the sun, which is justly proven by the fact that immigation is flowing into the State at the rate of 69,000 annually.

The population and wealth of Texas is increasing so rapidly that condensed figures are too large to grasp and only by a close study of Federal and State statistics can one be acquainted with the great wealth, undeveloped resources and wonderful opportunities of this great empire.

Dallas, the City of the Hour.

Dallas has commission form of government—a business administration—and is said to be the best governed city in the United States.

Dallas leads the southwest in white population, property valuation, post-office receipts, pay rolls of manufacturers and permits for new buildings. Dallas has 133 miles of paved streets, 699 acres of parks, 93 miles of street railway in operation and 126 miles of electric interurban railway in operation. Dallas has nine railroads entering the city, operating 99 steam passenger trains in and out of the city daily, of which the Frisco Lines plays no small part.

Frisco trains leaving Chicago and St. Louis morning and night, traverses the heart of the beautiful Ozark Mountains of Missouri and Arkansas, through Fort Smith, Ark., and Paris, Tex., to Dallas. This is the short line and the only line running all steel trains. Frisco trains are equipped with steel coaches, steel chair cars, steel dining cars, Fred Harvey meals, and electric-lighted Pullman sleepers.

We have arranged with the Frisco Lines to run a special train, leaving St. Louis about 8:30 P.M., June 17, to arrive in Dallas at 7:20 P.M., June 18, and it is hoped that as many members as can will concentrate in St. Louis and go forward from there on the special train. As June 17 is a home-seekers' selling date, tickets can be purchased to various points in Texas, good returning within twenty-five days, via Frisco Lines to Dallas, which will permit of stopovers at that point to attend the convention.

I have diagrams of the sleeping cars for the special train from St. Louis and ask the members to advise me as early as possible as to what space they desire. The fare in the sleeper is $4.50 for a lower berth, which will accommodate two people, St. Louis to Dallas.

For fares from your home town to Dallas or to any point in Texas, call on or address J. F. Govan, District Passenger Agent, Frisco Lines, Cincinnati, O., or Dr. W. N. Mundy.

Buy your ticket *"to the farthest point you wish to visit in Texas,"* with *stopover* at Dallas and any other place in Texas you wish to visit. This will be found much cheaper than to buy only to Dallas and then expecting to buy

to the other cities from Dallas. Also remember, while in Dallas you will see the *live wire town of Texas,* you will only be getting the first glimpse of *Texas,* as it is but one hundred miles from the Oklahoma line. If you do not see Galveston, Houston, Corpus Christi, or the new United States port at Aransas Pass, or historic San Antonio, or hustling Waco, you have not seen Texas; and, if you come South, see the Capitol at Austin by all means. In June the cotton is just planted, but it is in full bloom and being gathered on the coast and Rio Grande. B.

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Ophthalmology, Otology and Laryngology—J. H. Powell, M.D., Atlanta, Ga., President; L. V. Bates, M.D., Malone, Tex., Secretary.

Materia Medica and Therapeutics—J. P. Bennett, M.D., Chicago, Ill., President; H. A. Kling, M.D., Roane, Tex., First Vice-President.

Public Health—Paul McDonald, M.D., Health Officer, Atlanta, Ga., President; John F. Spealman, M.D., Lincoln, Neb., First Vice-President; J. M. Munk, M.D., 337½ S. Hill Street, Los Angeles, Cal., Secretary; B.J. Alexander, Hiawatha, Kas.

Mental and Nervous Diseases—Theo. D. Adlerman, M.D., 910 St. Johns Place, Brooklyn, N.Y.

Practice—R. L. Thomas, Cincinnati, President; G. W. Thompson, M.D., New York City, Vice-President; Finley Ellingwood, 32 N. State Street, Chicago, Ill., Secretary.

Orificial Surgery—B. E. Dawson, M.D., 3220 Oak St., Kansas City, Mo., President.

Gynecology—H. H. Helbing, M.D., St. Louis, Mo., President; E. B. Thomas, M.D., Atlanta, Ga., Vice-President; W. N. Ramey, M.D., Lincoln, Neb., Secretary.

Pediatrics—John H. Gross, M.D., Decatur, Ga., President; R. H. Spradling, M.D., Lincoln, Neb., Vice-President; Mrs. Dr. Lambert, Chicago, Ill., Secretary.

New Applications.

The following applications for membership in the National have been received.

Arkansas—Barnes, Jas. F., Decatur.

California—Abbott, Geo. B., Los Angeles; Bond-Hughes, Anne L., Lindsay; Byron, Wm. P., Lemore; Harvey, Wm. A., San Francisco; Osborne, Geo. K., Covelo.

Indiana—Shultz, J. J., Delphi.

Kansas—Macey, Joy, 625 Minn Ave., Kansas City.

Oklahoma—Kelly, Wm., Morrison.

Texas—Morgan, T. M., Childress.

An institution for medical research open to students of all nations, has been founded in Paris, France, by Harris Singer, a wealthy American, on the occasion of his silver wedding anniversary. Work on the cancer problem will probably be the chief activity of the new institution.

The *Denver Medical Times,* September, 1912, asserts that Sir Clifford Allbutt (Saunders' Handbook of Practical Treatment," 1911) has found cactus the best remedy for the irritable symptoms of functional heart disease, and very useful in convalescence from heart strain by effort. (Our own experience bears this out fully. Also we freely recommend the alkaloidal granules of spartein sulphate, especially when a diuretic effect should be added to that possessed by cactus. We have thought a combination of these two drugs would be a happy one.—*Editor Medical Times.*)

COLLEGE AND SOCIETY ITEMS.

The sixty-eighth annual session of the Eclectic Medical College of Cincinnati, began September 12, 1912, and will continue to May 12, 1913, thirty-four weeks (thirty-two weeks exclusive of holidays). We average 4552 hours in the four years' course.

All matriculates must have an entrance certificate issued by the Ohio State Medical Board, based on fifteen units of a first grade high-school course.

They have six paid instructors who devote their entire time to teaching and college work. Our students attend clinical lectures and bedside instruction in the Cincinnati (Public) Hospital of 550 beds, and the Seton Hospital and Dispensary next door.

The seniors must personally have had charge of six confinement cases, and been present at six autopsies, and administered anesthetics at least six times.

The resources are as follows:

A new five-story stone and brick college building (fully equipped) costing	57,700
Interest-bearing Endowment Fund	30,000
Seton Hospital Buildings (affiliated)	72,000
Total assets	$159,700

The Eclectic Medical College is one of 62 out of 116 fully credited by the Ohio State Medical Board; one of 65 accredited in Pennsylvania, and one of 59 fully registered by the New York Regents.

They have concluded definite arrangements with Miami University at Oxford, Ohio, for a one-year pre-medical college course, and with Earlham College, of Richmond, Indiana, for a two-year pre-medical college course, for students intending to enter such States as require same.

They have always complied with every reasonable requirement of every State Medical Board.

National Confederation of Eclectic Medical Colleges.

MEMBERS.

1. The California Eclectic Medical College,
   337½ South Hill Street, Los Angeles, Cal.
   President, O. C. Welbourn; Dean, J. A. Munk.
2. The Eclectic Medical College of the City of New York,
   239 E. 14th Street, New York, N. Y.
   President, Geo. W. Boskowitz; Dean, S. A. Hardy.
3. The Eclectic Medical College,
   630 W. Sixth Street, Cincinnati, Ohio.
   Dean, R. L. Thomas; Secretary, John K. Scudder.
4. The Georgia College of Eclectic Medicine and Surgery,
   Tanner Street, near Edgewood, Atlanta, Ga.
   President, C. J. Simmons; Proctor, E. B. Thomas.

5. Cotner University Medical College,
(Bethany) Lincoln, Neb.
Chancellor, Wm. Oeschger, Bethany; Dean, R. H. Spradling, Lincoln.
6. Eclectic Medical University,
1423 Independence Avenue, Kansas City, Mo.
President, B. E. Dawson; Secretary, D. R. Alexander.

OFFICERS—1912-1913.

President,
S. A. Hardy, M.D., 224 E. 30th Street, New York, N. Y.
Vice-President,
F. L. Wilmeth, M.D., Richards Block, Lincoln, Neb.
Secretary-Treasurer,
John K. Scudder, M.D., 630 W. Sixth Street, Cincinnati, O.

PREAMBLE.

At the Annual Meeting of the National Eclectic Medical Association, held at Niagara Falls, New York, June 19, 20 and 21, 1894, the following resolution, recommended by the Committee on Medical Colleges, was adopted unanimously:

"*Resolved,* That the Committee on Medical Colleges recommend the organization of an Eclectic Medical College Association, composed of two delegates from each College recognized by the National Association; and that the Committee on Medical Colleges be given power to sanction any action taken by said organization.

"H. Wolgemuth, M.D. *Chairman,*
John K. Scudder, M.D.,
E. Younkin, M.D.,
V. A. Baker, M.D.,
H. H. Green, M.D.,
Committee."

Following the adoption of the above, the "National Confederation of Eclectic Medical Colleges" was organized, and a constitution adopted, of which Article II is herewith appended:

"The objects of this Confederation shall be to maintain organized co-operation between the Eclectic Medical Colleges recognized by the National Eclectic Medical Association, for the purpose of promoting the mutual interests of said Colleges, establishing uniform minimum requirements and curriculum, and furthering the cause of higher medical education."

MINIMUM REQUIREMENTS.

The following are the present minimum requirements as revised in June, 1912:

1.—*Preliminary Requirements.*

1. A certificate of good moral character.

2. Diploma of graduation from (*a*) a four years graded high school, or (*b*) normal school, or (*c*) seminary, or (*d*) literary or scientific college, or (*e*) university, or (*f*) evidence of having passed the matriculation examination to a recognized literary or scientific college, or (*g*) a medical student's certificate secured by examination from a State medical board, based upon 15 units.

2.—*Course of Instruction.*

The course of instruction shall consist of a four-year graded course, as herein prescribed, including four sessions of seven months each in four different calendar years.

The following graded course is recommended:

Branches in the Freshman Year—

Anatomy (dissection, osteology); chemistry; physiology; embryology; histology; hygiene; materia medica, and pharmacy.

Examinations to be held on all first year studies, and may be final in chemistry, osteology, histology, and embryology.

Branches in the Sophomore Year—

Chemistry; anatomy, dissection; toxicology; physiology; pathology; bacteriology; materia medica and therapeutics; physical diagnosis, and hygiene.

Examinations in all second year studies, and final in anatomy, chemistry, physiology, pathology, bacteriology, and hygiene.

Branches in the Junior Year—

Physical diagnosis; materia medica.
Practice and principles of medicine; therapeutics.
Diseases of children.
Surgical anatomy, and operations upon the cadaver.
The principles and practice of surgery.
Gynecology and obstetrics.

Examinations in all third year studies, and final in materia medica and therapeutics, surgical anatomy and physical diagnosis.

Branches in the Senior Year—

Clinical microscopy.
Principles and practice of medicine.
Diseases of children.
Principles and practice of surgery.
Gynecology, obstetrics.
Diseases of the eye, ear, nose and throat.
Genito-urinary diseases and dermatology, medical jurisprudence.

In addition to the above branches, the students in the junior and senior year are required to attend daily clinic and bedside hospital instruction and six autopsies and do practical laboratory work in medical diagnosis and attend six confinement cases.

3.—*Attendance and Examinations.*

Regular attendance during the entire lecture course is required; allowance for absence to be made only when occasioned by the student's sickness; such absence not to exceed twenty (20) per centum of the course.

Regular examinations or quizzes to be made by each professor or lecturer from time to time during the term.

Final examinations on the branches held, to be conducted by competent examiners.

Each student shall have dissected the lateral half of the cadaver. The dissections to be in two separate years.

Attendance upon clinical and hospital instruction, and instruction at autopsies.

4.—*Requirements for Graduation.*

Attainment of twenty-one years of age.

Creditable certificate of good moral character and good conduct while in college.

Attendance on four courses of medical lectures of seven months each in different years.

Regular attendance during the course of lectures, clinics and quizzes.

Satisfactory examination in all branches, with a rating of not less than seventy-five (75) per centum average.

NOTE—The foregoing are the MINIMUM requirements of colleges belonging to the Confederation; most of the colleges require more than the foregoing.

The next Annual Meeting of the Confederation will be held in Dallas, Texas, June 19, 1913.

For further information address

JOHN K. SCUDDER, M.D., *Secretary,*
630 W. Sixth Street,
Cincinnati, Ohio.

CLUB RATES.

These various Eclectic publishers have decided to renew their special club offers to April 1, 1913, on a straight 10 per cent. reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
American Med. Journal, 5255 Page Ave., St. Louis, Mo.....	$1.00	$ .90
Calif. Eclectic Med. Journal, 818 Security Bldg., Los Angeles.	1.00	.90
Eclectic Medical Journal, 630 W. Sixth St., Cincinnati, O....	2.00	1.80
Eclectic Medical Review, 242 W. 73d St., New York.....	1.00	.90
Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill.....	1.00	.90
National E. M. A. Quarterly, 630 W. Sixth St., Cincinnati, O.	1.00	.90
Nebraska Medical Outlook, Bethany, Neb.....	1.00	.90
Therapeutics & Dietetics, 703 Wash. St., Dorchester, Boston..	1.00	.90

You may subscribe for any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and 10 per cent. discount allowed on an order for two or more, including this journal.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME IV. CINCINNATI, JUNE, 1913. NUMBER 4.

SURGERY OF THE INTESTINAL TRACT.

L. E. RUSSELL, M.D., CINCINNATI, O.

I wish to call your attention to the value of the X-ray in making a diagnosis of the abdominal viscera. We have, heretofore, thought that the extent of the value of the X-ray depended more upon bone, or that form of shadowgraph with objects that are hard and will resist light.

I wish to show you here the X-ray of a patient who has been suffering for two or three years with intestinal indigestion with intestinal pains. The X-ray, as I give you the outline, is one of the ileum. The transverse colon has been dislodged, it has been dislocated, so that the part that should come across here and come down as the descending colon, has come down in the right iliac and produced acute flexion in the left iliac fossa. Added to that you will find the Lane's bands extended across the whole of the transverse colon so dislocated.

This patient was given the meal test with bismuth, and, as the bismuth passed from the stomach down through the intestines to the colon, attention was paid with the fluoroscope, so we should know exactly the point we wished to make certain in taking the X-ray. When the fluoroscope showed the deposit had come down to this point, then the patient was placed on the table and an X-ray taken. You will see that there has been a complete displacement of transverse colon, so that the patient has not been able to eat any solids whatever. Malted milk, beef tea that is strained, just fluids, and if anything much stronger is given then where these bands constrict, there comes an acute obstruction of the bowel, so that the patient must be massaged in order to bring about any relief. The X-ray, as you will notice from this picture here, shows very plainly the condition that exists, and is of the greatest aid to the surgeon. Suppose a man makes an exploratory incision and goes in there to operate, he is lost almost instantly by this displacement of the colon; by this method you know almost instantly what should be done, and it gives you the proper diagnosis.

We have here another picture showing the X-ray of the head of the colon and of the appendix, one of those cases very hard to diagnose. The patient goes along with chronic constipation and a chronic stomach trouble—dyspepsia, as you often call the lesion—when the whole trouble is located right at this point. It is easy to give your patient a meal test and then make the X-ray of the case and operate and make your cure.

We have here another shadowgraph that shows in bone surgery, the pelvis of a child four years of age—a double congenital dislocation of both hips. In the one the head has been properly reduced to the correct position. On the opposite side you will see a little bit of the epiphysis still left. The child walks with a little bit of a limp, and the shadowgraph tells you why you cannot better the condition of the case. If it had been taken sooner, it might have led to the proper readjustment so that both limbs would have been the same length. However, both limbs are quite useful.

This shadowgraph is one of a Lane's steel plate in the case of fracture of the limb. The limb was properly adjusted, the steel plate put on, but the patient was rolled under a railroad engine and received very severe injury of the sacrum, so that there were big bedsores, and he had to be turned over two or three times a day for weeks and weeks. At the end of four or five weeks, when we would expect union of the bone, the shadowgraph shows that there has been a displacement of the distal end of the femur. This shows that it is necessary sometimes during the course of recovery of the case to take an X-ray again, not be content with the first, especially in those cases where they are restless and have to be often moved. Lane's plate, as here described, is not going to be the success in the treatment of fracture that we had formerly anticipated.

Now, in regard to the treatment of intestinal lesions, of course I know very little in regard to the remedial agents, but after you have had a case like the one illustrated by the first X-ray plate; after you have treated it a long time and do not make any advance towards recovery, it is better for you, better for the patient, better for all concerned, and, you can hold your case and get along with it much better if you take an X-ray as I have suggested in this case. You then become master of your case instead of treating with remedies a condition that you know not of. It is also better for you, where you have these cases of dyspepsia or intestinal indigestion that have run a long time, or in any condition of the bowels, if you take a shadowgraph at the head of the colon and see what condition your appendix is in, and also note the condition of the intestinal tract as given by the shadowgraph. It is best for you in making your examinations of your patients who have pain in the stomach, in the pyloric orifice, that you have a shadowgraph made early to see what condition you have in the pylorus. The great pathologist, Billroth, very correctly described the condition of carcinoma of the pylorus, so that we are ready to concede to him the name, "Billroth's cancer." The earlier you can make your diagnosis and short circuit that condition in the lower end of the stomach or duodenum, that much better for your patient, and years are added to his life, rather than having the debris lodging at the pyloric orifice and fermenting and distributing malignant poison.

Any one of you, with a little coaching, can do a gastro-intestinal anastomosis. You do not need an expensive set of instruments. You generally have a uterine dressing forcep, and you can borrow another. Take a rubber tube, put one prong of either forcep in that tube and let the other prong

hang over. Make your incision and pull the stomach out where you can have control of it, and then as you draw the stomach out, you place the forcep astride the stomach fold, close the forceps, and it leaves a bulging mass of the stomach over the head of the forceps and over the center of your rubber tube. You reach down now and get a careful hold of the intestine, pulling it up and clamping it with your other forcep, then turn your forcep right over and commence to stitch right along the side clear through until you have made a suture of the intestine to the stomach in length a distance of one and one-half or two inches. Then make a little incision right through the stomach and through the intestine. You take your needle and go over and over, and over right through the incision you have made next to the rubber tube that clamps the two together. You have then done a posterior gastro-intestinal attachment. Then you come high over and stitch over and over the cut surface of the stomach and intestine, coming right back to the place of beginning. Then you do a Czerny-Lembert suture of the anterior part of the stomach and intestine. You then put one or two sutures on the outside at either end of the wound of stomach and intestine as guy sutures to keep the stomach from pulling apart. Then you unfasten your first forcep, then the second, and just pull them and the rubber tube, and then you have done a gastro-intestinal anastomosis just as good as half the experts can do. You have prolonged the life of your patient. It is not a dangerous operation; not so serious as you think. If you have doubts, practice a little before you get a case. Go to the slaughter house and get some intestines and try it, and I will guarantee you can do it nicely. It gives the patient a renewed lease of life. You have stopped the settling of the food in the region of the pylorus, which gets into the stomach and gradually creeps into the intestines. Do not wait until your patient is yellow as gold, with offensive breath; take him in time and you can do humanity much good.

Now, regarding the lesion you find at the head of the colon, that is the second most important place in the intestinal tract where these malignant lesions occur. Your patient complains of a constant diarrheal discharge for a long time, with a great deal of pain, much pain in the region of the appendix, more than you get in a chronic condition of appendicitis. Then comes a time when the bowels become costive, and on examination you find a great mass in the right iliac region at the head of the colon; your patient takes on a sallow complexion; loses flesh very fast, and has every evidence of a very severe lesion that is about to destroy. In this condition make your incision over the head of the colon—make it liberal, make it long, just outside of the right rectal muscle. Go down and feel along until it feels all right—where there is no nodule. Put your clamp on, cut it off; put your clamp on above, pull the head of the colon right out. Sometimes it will be as large as my fist. You can take hold and dissect it and pull it back until you feel healthy tissue along the ascending colon. As soon as you come to that healthy tissue, put your clamp there, take the forcep out and put it away. Then you take the ilium that has been severed, you bring it up and pack it into the side of the ascending colon. Sew it in first an inch, inside,

and then do the over-and-over suture, going clear around until you come to this incision of the large intestine. Then stitch this part which was enfolded so that the peritoneal tissue will come to peritoneal tissue. Then clean out the abdominal cavity if there is any debris there, or you are afraid of the trauma. Then make a stab wound, come right out above the upper part of the ileum, and in this way you will come right down through the Douglas cul-de-sac (if it is a female) and come out with the gauze and make drainage. The patient will commence to eat, the night sweats will depart, and the complexion will clear up, and the patient will take on weight.

The ilium is sutured through and through the ilium and colon, and then down at the outer edge I stitch over and over clear around. The sutures I put in are tentative sutures, for resisting traction. If they should give out or fail to make the proper union up there, they will hold the intestine until you have made a proper intestinal anastomosis. It has been my experience that in malignant affections of the intestinal tract if you get a sufficient distance away from the malignant lesion, recurrences are very slow and very seldom take place.

The third condition of the intestinal tract that is so fraught with malignant disease is the lower part of the bowel or rectum. The stomach first, the head of the colon second, and the lower part of the rectum third. It has been my manner of operating on these cases for some years—and I believe I am the first man that has described the operation—to make a complete incision with the shears, passing your blade as far up the rectum as it will go, to the Douglas cul-de-sac and the anterior part passing through the vagina just back of the uterine cervix, so that when the blades are thrown together I have made a complete severance of all of the tissues from the external part up to the Douglas cul-de-sac. Then dissect off the vagina from the rectum from the lower part of the vagina clear up to the Douglas cul-de-sac on either side. Then carry your finger around and pull; it will dissect itself with a little traction. Then you put your clamp on, cut the lower part of the diseased mass, pull it right down and dissect it inside of the sphincter muscle. Dissect that much and take it away. Then make a stab wound just back of the sphincter muscle, between the ischium and coccyx. Go right through until you can put your gauze in the Douglas cul-de-sac, because there is likely to be a little deposit or hemorrhage from your trauma made in the dissection of the colon. Allow it to come on the outside and leave it there for two or three days. Then go back in the vagina where you dissected the vagina from the rectum in the first place, put it back, stitching it carefully over and over and occasionally taking just a little bit of the intestine, enough to hold the two edges of the vaginal tract against the rectum. You come out until you get within an inch of the outer opening of the vagina. Then do the same operation that you do in doing a perineorraphy, but before doing this you pull the intestine that you have advanced—the healthy intestine—down and stitch it around and around the outer portion outside of the anal margin, and when you come to the last

portion you leave a little bit on either side. That is brought together by your long needle and your suture is made complete, so that when you get through and trim the edges, you have carried your suture deep in here, taking up one end of the sphincter muscle and putting two or three sutures through here, so that you make a complete perrineum. The patient will have very good control of the bowels after a few days. Then it becomes your duty to make a rectal pouch. You pass in through the sphincter a a small rubber balloon, and when you place it just about where you want it, you attach your balloon bag and blow it up and allow it to remain for a few moments. The patient will not stand it long. Then every day you carry on this ballooning until you have acquired a natural pouch in the lower part of the rectum. Your patient makes a good recovery. I have had quite a number of them who are doing well.

In all these lesions make your diagnosis early, and do not be afraid to tell your patient what you have found, and if necessary prove to them by the use of the X-ray, and then they will be willing to listen to you and submit to an operation before it is too late. If you will do that, if you will take your patient into your confidence and tell him he is the one to decide, and then do your operation early, you will have success every time.

MENINGITIS.

J. B. Davis, M.D., Pontiac, Ill.

Medical history records that this disease was identified in the city of Geneva, in the early part of the eighteenth century. Soon afterward it made its appearance in this country, first being recognized in Massachusetts, in 1806, and has since visited almost every part of the United States and Canada. This disease is the same old spotted fever that has been recognized all this time, notwithstanding the fact that some of our newspapers report it as a new disease.

The exciting cause of this fever is yet a question. It may appear either sporadically or epidemically, but most liable to occur as an epidemic. All ages are subject to it, but young persons and children are most liable to attacks. Bad hygienic surroundings are predisposing causes. Overcrowding, bad ventilation, insufficient or unwholesome food, and any excesses of the body or mind, are among the supposed adjuncts. More recent investigations have resulted in the conclusion that the exudate invariably contains a lance-shaped coccus, identical with the diplococcus of pneumonia, and the constant presence of this bacterium suggests it as the possible exciting cause. It is not considered contagious, either directly or through fomites, though crowding of communities together, as in army garrisons or barracks, seems to predispose to outbreaks.

The pathology of this disease indicates two general forms, known as meningitis and cerebro-spinal meningitis; yet these are only general, as there are many other special divisions which will be mentioned later.

The first to be mentioned is the sporadic form, where the anatomical lesions are confined to evidences of simple inflammation of the meninges of the brain and spinal cord. This form is not common and is known as the acute meningitis. It is most apt to occur in men who are engaged in hard mental pursuits. It may be caused by injuries, by sunstroke, and by spirituous liquors, and is very dangerous; death frequently occurring in from three to eight days. There is most always watery effusion into the brain cavities.

The symptoms are those of three stages: (1) Headache, (2) delirium, (3) coma. At first there may be slight fever, photophobia, frequent and irregular pulse, and some contraction of the pupils. There is a disposition to vomit, the bowels being somewhat slow in their action, and often hyperesthesia. Then comes delirium, which may or may not be active; the patient talks much, and tries to get out of bed; does not obey readily. There is more or less trembling of the limbs with difficulty in moving them. One pupil is likely to be dilated; sometimes there is crossing of the eyes; the pulse very irregular, and paralysis begins. Then follows coma, loss of sense, sensation and voluntary motion. There is sighing, the pulse is frequent and weak, the pupils do not respond readily to light, and the capillaries of the skin and eye are congested.

Sub-acute or chronic cerebral meningitis is a secondary disease, sometimes associated with chronic syphilis, Bright's disease, and alcoholism, though the cause is not always ascertained. The lesions are similar to those of acute meningitis but less pronounced.

Tubercular meningitis is a form of cerebral meningitis, also known as hydrocephalous, granular meningitis and basilar meningitis. It is a tubercular inflammation of the meninges of the brain.

The primary causes of this variety are a scrofulous or tuberculous hereditary diathesis; while the exciting cause may arise from a foci of caseous degeneration in some organ, a suppurating joint or a scrofulous inflammation of bone. Exciting causes are impure air, exposure, unwholesome food, bad drainage, blows on the head, excessive study and worry. Though the disease is essentially a disease of early life (from nine months to ten years), it also attacks adults. Most of those affected die in from two to six weeks.

The symptoms may be classed under three heads: (1) Obscure symptoms; (2) those of rapid development; (3) those of coma. There are seen listlessness, loss of appetite, occasional vomiting, slowness of the bowels and somewhat frequent pulse. Sometimes there is headache, a remittent form of fever, and then a rapid development of diagnostic symptoms. The patient talks a great deal. There are irregularities of the pupils and pulse, a sharp "cephalic" cry, severe headache, insensibility to light and sound, grinding of the teeth, a flushed face in paroxysms, usually before convulsions, rolling and drawing the head back; urine scanty and high colored, sometimes suppressed; oscillation of the eyes, and obstinate constipation. With coma comes strabismus; the pupils do not contract under the influence of light, but will contract and expand when the bowels rumble or the patient is moved. There are convulsions, paralysis, and automatic movement of the

feet and hands; this may last for hours; the thumb may be turned in. There is a hollow abdomen, and congestion of the eyes, a puriform secretion sticking the eyelids together; involuntary discharges from the bowels and bladder are common.

Spinal meningitis is not common, it is usually caused by injuries, and is liable to occur in children with spina bifida, and is rarely amenable to treatment. In these cases death occurs usually in from eight to ten days, either from extension of the inflammation to the brain and pressure there by fluid, or from asphyxia due to paralysis or spasm of the respiratory muscles. The cerebro-spinal meningitis, or spotted fever, is usually more of a fever than an inflammation, and is due more to a blood poisoning than to inflammatory exudate, and this form is very dangerous. Death frequently occurs within a few hours, and recovery from this form is very slow and tedious, requiring from thirty to sixty days. One form of this rapid division is characterized by fever without the eruption, while the other is seen with fever and eruption. The disease has been confounded with typhoid fever and with typhus fever, and in some cases with malaria. The symptoms are all very intensified, and more rapid in their development than those of other forms of meningitis. It is usually ushered in by a chill and followed by nausea, vomiting, violent pain in the head and back, prostration, vertigo, tetanic rigidity of the muscles, opisthotonos and delirium. Where death occurs early, within a few hours from the onset, only a congestion of the blood vessels of the brain and spinal cord are found. Almost always there is both pus and lymph beneath the pia mater, and sometimes serous effusions in the pleura, pericardium and peritoneum after the disease has run a course of a few days or a week. The blood undergoes a change. Ecchymoses are sometimes found in the muscles or in connection with the pericardium or pleura.

Prognosis, especially in this form, is always grave. However, a number of these cases recover, yet it is a disease subject to sudden and repeated relapses, and mild cases may terminate fatally. The medulla oblongata bearing the brunt of the inflammatory processes, the inflammation may spread to new tissue at any time and fatally involve the vital function. There is an intermittent form that continues for six to eight weeks, and the patient is subjected to several apparent relapses during this time.

Treatment of cerebro-spinal meningitis has not proven very successful with the majority of physicians, and we will venture this as our opinion that to the practitioner who has not made more than a superficial study of specific diagnosis and specific drug action and medication, that this disease will continue to be regarded as hopeless. No other condition in the whole category of disease that affects the human race is direct and specific action of medicines needed more than in treating this disease. I would personally prefer to depend upon recovery without the administration of any medicines if I should become afflicted with this disease, than to be treated by a physician who had not made a careful and long study of specific drug action. I must take issue with some of the physicians who decry the action of medicines in

this or any other disease, and recommend to them to re-study their materia medica—if they have ever studied it— and I am sure that when you really understand the action of remedies you will not be nihilistic. I do not mean to infer that every case of cerebro-spinal meningitis will recover; what I am trying to point out is to assist the natural resisting power of the body, and by this means restore and preserve the natural functions of the body where such is possible.

The treatment, to be successful, should be systemic as well as specific. There is an active toxemia always present the product of the diplococcus, which, if not neutralized, will soon fill the ventricles and interspaces of the brain and infiltrate the pia and dura mater. I have used echinacea with good results for this purpose, and am convinced that it is one of our best agents if given in sufficient doses to saturate the system, and if begun early will so vitalize and conserve the resistive force of the body that the infiltrate will be arrested. Bryonia is another remedy to control serous membrane effusion.

In the early stages of the disease the indications for gelsemium are usually found, rolling the head, restlessness, pain in head and bright eyes and flushed face. I usually give two drops every hour until I get the desired effect; that is, until the indications for the remedy have subsided. Bryonia should be used in small doses, and is a good adjunct either with gelsemium or belladonna. Some cases present the typical belladonna symptoms from the first, but usually these come on later, after the gelsemium indications have subsided, when the patient presents that dull, listless stupor or coma and apparently sees nor hears nothing.

When there is active mania or opisthotonos the bromo-chloral hyoscine comp. is indicated, and the hypodermic lobelia in from drams one-half to one at intervals will assist in controlling the nerves as well as equalizing the pressure of blood upon the brain and cord. I used macrotys along in a case during the epidemic in 1899, in a patient a little girl five years old. The only other remedy was acupuncture. She made an uninterrupted recovery. She had general muscular soreness and cried out when she was touched by the attendants. I mention this case to put emphasis upon the specific treatment.

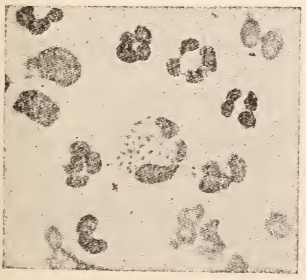
I do not believe in ice caps or ice packs, but warm or tepid baths are always beneficial if used in moderation. Isolation of the patient in a quiet well ventilated room should be the first step in the general nursing and management. For the first week or ten days I allow no food whatever, and have never forced a patient who was suffering from meningitis to take food until they really desired it and then in small quantities. If there is no fever milk or malted milk or some predigested food should constitute the nourishment. Do not force them to take soups; no well stomach can digest it, so do not expect a sick person to do it.

A nurse should be in constant attendance, and the physician should visit the patient often and critically note the changing conditions if any arise, as no stereotyped treatment can be successfully followed. Many other things

could be said in this paper on the above subject, but I have given the gist of my practical experience during the last fifteen years, and submit what has been stated in the preceding pages, as my personal views backed up by some of the more conservative medical authorities whom I have consulted.

But, before closing, I wish to call attention to the serum treatment as advocated by the Rockefeller Institute. The anti-meningitis serum is now in the experimental stages. Some very extravagant claims have been made for it. The advocates of the serum treatment claim to have reduced the mortality from 80 per cent. to 20 per cent. where the serum was administered during the first twenty-four hours of the attack. After the first twenty-four hours 30 per cent., and so on up to seventy-two hours, where the effect was not appreciable. The technique of the administration is by lumbar puncture at the sacro-lumbar interspace, drawing off a quantity of the spinal fluid, and injecting from 15 c.c. to 30 c.c. of the serum. This treatment has only recently been used and has been hailed with delight by certain of the medical profession.

The writer's personal experience in treating this disease has caused him to possess some very strong convictions in the treatment of disease, and wishes to state that my death rate has been less than 20 per cent. under the above specific treatment as uttered in the preceding pages of this article. We have used the serum in two recent cases. The first case was injected in less than forty-eight hours after the attack. He was eight years of age. Lumbar puncture was made and the fluid drawn, a smear slide made, and the diagnosis confirmed by microscope. The smear slide shows the meningococcus in abundance, both intracellular and extracellular. Another slide was made at the bedside of a patient who was thirteen years of age and had been suffering with meningitis for about six days before we were called into the case. We did lumbar puncture and found the fluid so dense and thick it would hardly run and was mixed with drops of pus. Pus cells and meningococci are abundant in this specimen. It was my opinion that this patient would die and so advised the attending physician and family. Death occurred on the eighth day. The case from which first slide was made is making an uneventful recovery and manifested a change for the better within twelve hours after having the serum.



Meningococcus in Spinal Fluid.
(From Hiss and Zinser, "Text-Book of Bacteriology")

I have not as yet had sufficient experience with the serum treatment to justify me in formulating an opinion that I would care to go on record, but I am watching the use of it very closely, and will gladly hail with delight this or any other remedy that proves to be a reliable adjunct in the treatment of so serious a malady as cerebro-spinal meningitis.

EPIDEMIC ACUTE ANTERIOR POLIOMYELITIS.

J. D. McCann, M.D., Monticello, Ind.

Monday, July 24, 1911. Russell W., aged seven, "played out on cold ground." Tuesday, chill and fever in the afternoon. He was brought to the office a distance of five miles. Did not get out of the buggy. Symptoms and appearance that of a child having malaria.

Thursday, the 27th, was called to see him. Temperature 102°, pulse 120; bowels loose, kidneys normal. Left hand and arm and right foot numb and stiff. Puffy about the eyes; right foot swollen. Hungry all the time; tongue lightly coated; headache, pain in back of the head and neck; quite restless, but wanted to sit in a chair most of the time.

Friday, the 28th. Numbness on both sides; cannot lift the left arm; very tottering on feet; reflexes fair; constipated; no fever.

Saturday, the 29th. Pain in the left shoulder and arm. Better use of the limb. Constipated. Temperature 97.6°; no appetite.

Sunday a. m., the 30th. Temperature 97.2°, pulse 100, weak; breathing bad; mostly abdominal; dull pain in the left shoulder and arm. Sick stomach; wants to lie on back; severe pain on attempt to rise; movements of respiratory muscles seem inadequate.

Sunday p. m. Case reported better, with temperature of 97°, pulse 80, respiration 30. Each succeeding day thereafter improvement noted, yet much pain in the left arm and shoulder. Subnormal temperature; no strength in the arm, hand or foot. Temperature normal for the first time on August 5.

Harold, a younger brother, aged four, had chill and fever July 26. Became better and played about as usual until August 1, when he complained of pain in head and sick stomach; temperature 101°.

August 2. Rested well last night. Complains today of headache, stiffness of muscles, pain in the back of the neck, pain in the lower limbs. Put the patient to bed; cleansing bath. Temperature, 9 a. m., 102.6°; 12 m., 104°; 2:15 p.m., 103.8°; 3 p.m., 104°; 6 p.m., 104°; 7 p.m., 104.6°; 8:30 p. m. 103.6°; 11.20 p. m., 104°, and so on all night.

August 3, 4 a. m., temperature 103°, pulse 130. From this time the temperature gradually went down. No pain, appetite good, bowels and kidneys normal. August 4 and 5, condition good. August 6, temperature 99° to 103°, restless. Monday, right leg paralyzed; no appetite; constipated; cannot stand on feet.

Case ran along in an uncertain way for a week. August 12, in the afternoon, heart gave out and they thought he was dying; nurse had gone home in forenoon; rallied under stimulants.

Monday, August 14. Better, leg tender to touch, also over bowels; no fever; excretions normal; went on to fairly good recovery.

Ten months has now elapsed. Met the boys on the street the past week; both are regaining strength in the afflicted part. The older boy had but little use of the left arm or hand for several months; the younger boy had no

use of leg for some weeks; quite lame for months, now almost well. However, the limb not so large as the well one. No other cases in the community.

Treatment.—Nasal passages sprayed daily with 50 per cent. solution peroxide of hydrogen. For fever, aconite and gelsemium. If fever did not yield, gave a powder of salol and ferrum phos. Cactus, nux and echinacea were given most of the time. Faradic current was used daily for a week.

ANTISEPTIC SURGERY IN A COUNTRY PRACTICE.

M. W. Hancock, M.D., Carrolton, Ga.

One of the characteristic and distinctive features of this association, I presume, will be the discussion of surgery, gynecology and the practice of medicine among the country practitioners of its membership. Doubtless, a very large proportion of the reports that will be read at this annual meeting will represent most of the towns, cities, villages, plantations and farms; also many of the large hospitals and other eleemosynary institutions of this country. As I am from one of the Southern States, laboring with a country practice, consequently, I have chosen for my subject, "Antiseptic Surgery in Country Practice." I will deal with the methods more peculiarly of interest and pertaining to the class of practice which I represent.

First, therefore, simplicity of details, and economy, both in time and money, are matters of the very greatest importance with the country doctors. Many of us ride by day and night on horses, in buggies, autos, on railroad trains, etc., in all seasons, over hills and through swamps, carrying with us all of our medicines, instruments and appliances used for all manner of diseases and injuries; visiting a great many patients on the same day (some of them miles apart who require diverse treatment). In many instances we have to contend single handed against poverty, ignorance and filth, separately or combined. Under such circumstances, we can afford neither time nor money for nonessentials, and soon become self-reliant. Consequently, soon discard everything superfluous or unnecessary, and, as you doubtless well know, no class of physicians is less restrained by the formalities and the prescriptions of authority than we, although conditions have been greatly simplified of late years, and much complexity has been abandoned. Indeed, all of the details now required are only practicable in hospitals and in the homes of the more wealthy classes. Admitting, then, that the doctrine is true regarding country practice as mentioned above, let all of us try to do our honest part to let our light shine, that others may appreciate the important obligation which confronts one who can do but little, unless he receives the patient's aid. Many times a physician can educate, and in fact, all neighborhoods and classes of people can be taught to lay aside the method of dealing with a wound employed some forty years ago.

Let us not be vain enough to undertake a thorough critical review of antiseptic surgery, as they once did. A subject which has occupied so much

space in all our medical journals for so many years, and practiced by all up-to-date students of medicine, should be sufficient to all of us, in every country, if they would be thoroughly capable of rendering such service as will destroy microorganisms. I would define antisepticism, as applied to antiseptic surgery by modern writers and practitioners, as "bacteriopathy." As all know, it is founded on the germ theory of disease. It is one of the most beautiful and plausible theories that was ever launched on the sea of medical philosophy. But it is another striking example of the tendency in our profession to seek for principles before the facts upon which they are founded have been sufficiently investigated and established. Indeed, the medical profession has been dominated, from time to time, all through its history, by the theories which have received more or less general endorsement, and some of them, when subjected to the crucial test of time and experience, have been rejected as false, "in toto," while many others, though containing many false facts, have developed some important scientific truths, and have contributed some real and useful precepts to the practice.

In my mind, many of us follow the forefathers, believing that so many things that have been offered to us should be accepted as truths. Of course we accept the germ theory, and in no case do we attempt to acknowledge any other fact than that. Respecting the labor and investigations of such men as Pasteur, Koch, Klebs, Cohn, Cohnheim, Virchow, Tyndall, and others in Europe and America, we expect important results from their labors, whether the germ theory had been established or not. It seems we should always have looked upon a wound from a specific standpoint, bearing in mind that unless we cleanse the part, results could not be obtained. Hence the germ theory supplies a desideratum in etiology long felt, and furnishes an easy solution to many problems which have greatly perplexed the profession for many generations.

Immediately after its promulgation, the fertile mind of the discoverer, ever on the alert for something new, set to work to find some means of killing these microbes which, like giants, caused many of the miseries that afflicted mankind. Today antiseptic surgery has carried the medical profession so strongly that, endorsed as it is all over the land, it is as much as any ordinary man's professional scalp is worth to express any doubts of its entire correctness. Therefore, we find no excuse for a country doctor allowing himself to follow any other than the thorough precautions, when called upon to treat any case of surgery.

Carbolic acid long stood at the head of the list of germicides, not only for the hands and instruments of the surgeons, but all dressings were required to be wet with a solution of it, and the very atmosphere of the operating room was filled with its fumes. Today, bichloride of mercury has supplemented carbolic acid to a great extent, and is, in my mind, a virulent poison to most all germs, and usually devoid of danger, and though we have not the many approved means for sterilization, still by using a solution of 1-5000 of bichloride of mercury, I am quite sure we will be able to conquer almost any septic condition. In the meantime, let us not depart entirely from those

means and methods which have brought success to our fathers, and which have enabled us, also, to achieve results, which we can compare, with pride and confidence, with the best. I would ask that we reject not anything because it is new, but still that we would not adopt it because it is merely new.

"When in sickness, if not before,
God and the doctor we adore;
But in health, both are alike rejected;
God is forgotten, and the doctor neglected."

THE APEX.

J. M. Wells, M.D., Vanceburg, Ky.

I esteem it a fortuitous favor, a pleasurable pastime, to be living in this age of colossal improvements, magnificent endeavor, and time-testing trials and triumphs. An age of invention and construction of the new, and an age of reconstruction and destruction of the old. Within four decades we have been given the bicycle, the unicycle and the motorcycle, the dirigible balloon, the biplane and monoplane, wireless telegraphy, steamless engines, horseless carriages and endless speculation as to what the future may be, or bring to us. This is an age of strenuosity and speed in mechanics, in mind activity, and in thought force; and now comes a great scientist who outspeeds all and everything, by declaring the sun is speeding in the straightest of straight lines at the rate of 12 miles per second, 720 miles a minute, 43,200 miles an hour. To realize what this means, think of a place with which you are familiar, 12 miles distant from where you are located, in connection with one second of time. The feeling that we get back every year to the precise point in space that we occupied a year before is very comforting, but as a matter of fact we do not get back at all, for it is further stated that the earth is moving in a spiral around this line of the sun's travel, and that on January 1, 1912, we are about 400,000,000 miles from where we were on January 1, 1911, and that the earth is traveling with the same velocity of the sun, plus the earth's orbit. When we think of the sun moving in a straight line with a velocity of 12 miles per second, and that it has been so moving since the beginning of time, we may in a measure gain some faint idea of the immensity and endlessness of space, and realize in a slight degree the greatness of the work of the Creator. It is also said the sun is fleeing toward its apex which is toward the constellation of Hercules. Comes the question: Are we moving toward the apex in medicine? I use the term *medicine* inclusively, and may safely say that we are not, at least with the velocity of the sun and earth, but hope to show we are moving in a safe, sane and scientific way.

Are we approaching the apex of surgery? Since Ephraim McDowell, of Danville, Ky., stood at the portal of abdominal surgery, with fear and trembling; fear of the hangman's noose, the penitentiary for life, or ostracism of his surgical compeers, yet had the daring and boldness to enter the abdominal cavity, and slit up the peritoneum, which it was at that time

thought certain death to tamper with, without anesthetic of any kind, removed a thirty-pound ovarian tumor, ligating the pedicle with a hempen cord, and closing the wound with silken suture, having a perfect recovery, earning for himself the title and time-serving cognomen of the "Father of Ovariotomy;" dare-devils of all sorts and sizes, kinds and kindred have entered this field in search of fame and fortune, with more or less success to themselves, giving relief from pain and the pressure of ponderous tumors, to the numberless horde of afflicted humanity, making it possible for them to live out their allotted three score and ten years with a greater degree of pleasure to themselves, performing the functions designed for them, to the gratification of their friends and associates.

It is not our purpose to mention all the marvelous maneuvers engaged in, and executed by the modern surgeon, or to name or number any, but reference to a few of the things done with bistoury and scalpel, mallet and chisel, needle and suture may not be amiss. Under this head we may mention skin grafting, bone grafting, growing new bone where one has been removed, resection, exsection and forming new joints, suturing bullet-punctured intestines, section and anastamoses, splicing—to use a familiar term—of arteries, tendons and nerve trunks, though the latter has not been successful in a great measure, heart suture, and ablation of the uterus with all its appendages and the operations for appendicitis. The latter operation has no doubt been needlessly done many times, but one small surgical procedure brings more prestige to the operator than years of successful toil in the field of practice. There are other operations which deserve notice, such as anchoring a dislocated kidney and hanging up a procidented uterus to the abdominal wall. Time and observation have converted me from an advocate of the use of the knife for carcinoma, and if this disease is ever cured it will be by internal medication.

If this old world should slacken her velocity to any appreciable degree for the space of one minute of time she would be thrown out of her orbit, and the results would be disastrous to the inhabitants and to the world itself. To slacken speed is to lose out, to pause is to recede! Are we moving, are we speeding, are we approaching with a sure and steady gait toward our apex in obstetrics?

Scanning the subject from our viewpoint we most assuredly and emphatically say, yes! When a woman finds that she is going to become a mother, she should go into the training of a prize fighter and get ready for the battle of *her* life, *her duty, designed and imposed* by her Creator. If the pregnant woman be rightly dieted, exercised, groomed and medicated she need know nothing of the preparatory pains of labor, the period of dilatation will go unnoticed and she will only experience pain when the expulsive efforts begin. Then a few inhalations of chloroform to partial, or complete anesthesia as the attendant may decide, and all will be over; but if she fail to consult her physician, and consulting him he fail to give the proper advice, she will come down to labor unprepared and will have a hard time; for it is then too late to remedy the evil which has been done. The things that

she should do are to live principally on a subacid raw fruit diet for at least the last three months of her carrying period. Have a free, easy action from the bowels every day; drink plenty of water; keep skin and kidneys active; sponge the genitalia with hot water and anoint with oil or vaseline every evening; giving the privates and lower abdomen a good rubbing. This should be attended to immediately after returning from a walk of a mile, briskly stepped off. If she be permitted to sit doubled up on a cushioned seat, eat meat, become constipated, grow fat, urine poisoned, bile pigmented, blood albuminized, festering in her own feculency up to the time of her travail, she will suffer in spite of the best directed efforts of the most efficient surgeon. It appears that American women have come to look on child-bearing as slavery, and seek every means, honorable and dishonorable, to avoid this function. We as medical advisers should endeavor to burn the thought into the minds and hearts of women that no woman can be a fully developed womanly woman as nature intended her to be, until she is the mother of a child or children, and that the crowning glory of her life is legitimate motherhood.

To one who is conversant with the current literature of medicine, it would be needless to discuss the subject of approaching the apex, but as many are as yet uninformed, and some are floundering in the dark and dismal abyss of doubt and distrust, and are on the verge of medical nihilism, we may be pardoned for attempting to impart a few of what we consider known facts; and this includes almost the entire list of what is known to Eclectics as specific medicines with their indications, which, if read aright, and rightly applied, comes as near being facts as anything in medicine can be. The study of the field of specific medicine is not nearly complete. In fact, we are just beginning to explore the field in a restudy of some of the old remedies, with which we were thought to be familiar; for instance, lobelia. The literature on the restudy of this drug covers pages, and reveals facts which stun and astound our minds; facts which we cautiously and carefully accept, if we accept them at all, until we have tried and proven them, for nearly all doctors have the Missouri habit. We predict that lobelia has entered the hypodermic field to stay, and the above reference to its literature is to that use of it, and it is not alone in this field, as many other great remedies are being studied in this way, bringing forth pleasing reports of this use of them. To be assured that we are progressing toward the apex in medicine, we have but to review the past that is within the recollection of a moderately old man; one who can recall the practice of fifty years ago, when bleeding, blistering and calomel in 10-grain doses was a routine procedure, when jalap and senna and bitartrate of potassium was administered in tablespoonful doses, indiscriminately. No matter whether the ailment be typhoid fever or tabes dorsalis. Then came the hydrocarbons with their hundreds of deaths; next the ice trough claimed victim after victim; then the let-alone practice leading up to medical nihilism of thousands of old school doctors. Just now, the serum therapy is being pushed to the front and we predict that it must, and will go the way of the testicular

elixir of life. Going back only thirty-five years, we recall an old doctor, who passed away a little over a year ago, who carried in his vest pocket a britannica tablespoon with the handle broken off to measure his doses in; the boys in the community called it "old bobtail," and they would call to each other across a corn patch: "Say, Bill, yonder comes old Dr. J., he will give you a dose outen old bobtail that will make you quiver clear down to your ground-itch." Dr. M. was called to see Ike P., believed to be the homeliest man in the county. After looking at his tongue, and counting his pulse, asking if his bowels had moved within the last ten days, and a few like questions, he turned, and with his saddle pockets across his knees, began to lay some powder papers on the strap of the pockets, large ones too, when Ike turned and began to whine to the doctor "not to give him nasty medicine, he couldn't take nasty medicine." "G— D— your ugly mug, do you think I come all the way over here to feed you on plum pudding and pound cake?" said the doctor. In connection with the above think of the nice, clean, reliable representative specifics the Lloyds have given us.

SEPSIS.

W. E. Aubuchon, M.D., Frankclay, Mo.

Sepsis, as a manifestation of tissue morbidity, ranges in severity from the pin scratch on the finger, exuding a single drop of pus and exhibiting no constitutional symptoms, to acute puerperal septicemia producing grave constitutional symptoms with great danger to the life of the patient.

Sepsis is the terror of the surgeon. When treating infected cases he must guard himself with the most scrupulous care, and, at the same time, treat his patient with the utmost diligence. He should never relax his vigilance for one moment. The clean case must be handled with all caution. The free use of the best antiseptics and absolute cleanliness; these, and these alone, will insure immunity against infections.

Septic infection is the Nemesis of the obstetrician. It follows him about night and day, through sunshine and rain, through joy and sorrow; it lurks beneath his fingernails, sleeps in his clothing, rests on his bright shining instruments, and steps forth from his obstetric bag to introduce itself at the bedside where least expected.

The gravity of this condition and the universal—I use the word advisedly—distribution of its cause justifies our untiring efforts in the study of its prevention and relief. The present mortality, as compared with that of several years ago, shows that we have not been asleep; but we must be on the alert for any opportunity to improve even our present methods. The life of the patient is the price of carelessness and indifference in caring for wounds, however insignificant in appearance.

When we consider the cause of this departure from the line of perfect health we may readily see that sepsis can, and often does, constitute a com-

plication of almost every disease the physician combats. Septic infections may be dependent upon the absorption of the product of putrefactive bacteria. They may be due to the introduction of pyogenic bacteria into the blood stream. Eating spoiled animal food, milk, eggs, fish, or meat, or the retention of the product of gestation, will produce the former or sapremic infection. The latter division, or septicemic infection, is produced by the germs gaining entrance into the body through some abrasion of the skin or mucous membrane. Any wound, a typhoid ulcer, an abrasion in the lung accompanying pneumonia, the chafing of the neck by a collar, serves as a gateway for the entrance of germs giving rise to septicemic infections.

Nature maintains an army for her protection against this enemy; and each soldier—phagocyte—stands ready to give his life, and, in fact, struggles to sacrifice himself for the common good. Immediately upon the entrance of any foreign matter through an abrasion of the skin, or of the mucous membrane, all blood vessels in the vicinity become engorged and serum is poured out. Phagocytes creep through the walls in great numbers and begin clearing away the wreck. All injured or dead body cells are carried away; and all germs, if possible, are rendered harmless and carried off to be eliminated through the body emunctories. Should the injury be so great, or the germs in such numbers, as to render this impossible, the phagocytes form a wall about the injury, or site of germ entrance, completely shutting this part off from the body. This deprives the central portion of its blood supply; the central slough soon dies, and, with all dead body cells, phagocytes that have been overcome by the germs, the germs themselves and their debris, form a mass that liquifies and is discharged as pus. This condition is known as an abscess or a localized infection.

Should the number of germs gaining entrance be so great or so virulent as to overcome the phagocytes near the entrance, the germs and their product will be carried by the blood and lymph stream to all parts of the body and there attack the cell peculiar to that part. All body repair is suspended, and some of the physiological functions are partially suspended. Every phagocyte attacks some invader. It is war to the death and there is death on every hand among both phagocytes and invaders. The circulation is accelerated in order to carry away the increased amount of debris. Respiration and temperature are increased in an effort to oxidize, or burn up, the enormous waste. Should the phagocytes conquer, the morbid phenomena mentioned gradually subsides as the toxins are eliminated. When the enemy gains the ascendency all avenues become clogged by the germs and their products; some organs suspend activity entirely, and nature redoubles her efforts against the enemy. The nervous system becomes involved from lack of nourishment and the action of the poisons. Gradually the nerve centers, controlling the vital functions, are overcome and death ensues. This is general septic infection.

In cases of wasting diseases, excessive hemorrhage or extensive injury, the vitality may be lowered until the phagocytes are unable to cope with the

germs and what would, under ordinary circumstances, be a local infection becomes a general or systemic infection.

There are many different germs producing infections; the most common of which are streptococcus and staphylococcus pyogenes aureus and albus. Sepsis may be due to the bacillus of Friedlander, coli communis, and others. Staphylococcic infections are usually local, while streptococcic infections are prone to become general or systemic.

The symptoms of sepsis are usually well defined, but, when accompanying some other disease, as pneumonia, typhoid fever or diphtheria, may be masked for some time. Local conditions present, at the site of germ entrance, pain, heat, redness, swelling, tenderness and an indurated mass becoming soft in the center and discharging pus.

Should the condition become systemic, there will be malaise with headache and loss of appetite for a period of one to three days, except in cases of infection from eating spoiled food, when the incubation period is only a few hours. A chill, accompanied by gastric irritation, marks the beginning of the disease. Following the chill the temperature rapidly rises to 103°-104° F., with a full bounding pulse, broad coated tongue, violent headache, and sometimes delirium; the skin is dry, the urine highly colored, and the bowels constipated; secretions are all locked up and the nervous system is shattered. Later the pulse becomes small and frequent and the tongue dry. This is followed by low muttering delirium, offensive diarrhea, coma and death.

Diagnosis is not difficult when we consider the history. Spoiled food, retained gestational products, wounds, accidental or otherwise, are our guides.

Treatment will be divided into preventive and curative. Preventive treatment consists of avoiding all suspicious articles of food, immediate removal of all dead tissue, and strict asepsis in the care of all wounds. All doubtful means, clumsy methods and half-hearted measures must be discarded as worse than useless.

Curative treatment may be further divided into surgical and medical. Surgical treatment comprises the removal of dead tissue, draining pus cavities, and curetting away retained secundines. The latter may be accomplished with a spoon or loop curette, washing out the uterine cavity with any good antiseptic solution, followed by swabbing with equal parts phenol and tincture of iodine. When draining pus cavities, make an incision large enough for thorough drainage and wash out with mercury bichloride solution, 1-2,000, or 5 per cent. phenol solution. If drainage is not complete insert gauze strip or rubber tube and dress with moist iodoform gauze. Surgeons must exercise great care to avoid cutting their hands and to protect all abrasions during the handling of pus cases. When possible, rubber gloves should be worn.

The medical treatment is both local and internal. If infection occurs from a wound, a pack wet with a weak phenol solution or a 25 per cent. solution of echinacea applied and kept moist will, usually, cause local condi-

tions to subside. If the wound is discharging pus and is slow to heal, a pack wet with Younkin's oil of cade will stimulate granulations.

We select such internal remedies as the occasion demands. Should there be a history of having eaten spoiled food, immediate emptying of the stomach and bowels is demanded. This may be accomplished by the use of the stomach pump, salines or enemas. If the stomach is irritable, gastric sedatives will be used. High temperature with a bounding pulse calls for veratrum viride; nervous excitability demands gelsemium sempervirens, and blood dyscrasia with a tendency to pus formation will be met with echinacea augustifolia. Rapid saturation with calcium sulphide will check the formation of pus in a large majority of cases. Broad tongue with a dirty coat will be met with saturated solution of sodium sulphite. Potassium chlorate and hydrastis canadensis will correct foul breath and secretions. The usual prescription will be: ℞ Sp. med. veratrum, gtt. xx-xxx; sp. med. gelsemium, gtt. xxx-℥i; sp. med. echinacea, ℥iij-℥i; aqua q.s., ℥iv. M. Sig. One teaspoonful every hour.

The bowels must be kept free in order to flush out the toxins accumulating in the intestinal canal. Nothing does this so well as magnesium sulphate. Passiflora incarnata and gelsemium usually control the nervous irritability. In no case must opium be given, as it only increases the depression of the secretions. Hyoscyamus is *par excellence*.

Later, or if prostration be present, a different line of remedies will be used. Aconite will replace veratrum and belladonna replace gelsemium. Echinacea will be used in all cases in large doses. Do not expect much from it unless given in large doses. Iron, quinine and strychnia will be used when called for, but do not depend upon elixirs. Make your own solution. Take quinine sulphate and cut with a few drops of nitric acid, add strychnia or tincture nux vomica and simple syrup. Put in the tincture chloride of iron last and shake. You now have a solution of iron, quinine and strychnia that you can depend upon. The amount of each ingredient will be governed by the size of the intended dose, as it must be given in capsules.

The latest method of treating infection is by the serum and vaccine method. The serum method is the injection of serum, or antitoxin, made to antagonize a particular germ, as antistreptococcic serum, antigonococcic serum, mixed serum, and so on down the line.

The vaccine method consists of the injection of millions of dead bacteria, suspended in physiological salt solution, into the blood stream. Both methods necessitate growing a culture of bacteria, obtained from a drop of the patient's blood, in order to determine exactly the variety of germ responsible for the infection. Vaccines and serums are yet in the experimental stage, and, while we have many encouraging reports, further experimentation will be necessary before relying upon them in preference to our tried and true Eclectic remedies.

DRUGS AND DRUGLESS METHODS.

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This paper is written with the idea of giving a few thoughts for study. It is a very incomplete, rambling attempt to arouse interest in a subject which we dismiss too often without the attention it merits. Have you ever wondered why there are so many drugless methods of cure? We can hardly believe that all those good people who have been benefited, and many of them are classed as intelligent, have been the dupes and victims of charlatans.

There are several reasons to account for their very evident popularity: First, the people have tried, often in vain, to get relief from the use of drugs in the hands of physicians and less from their individual prescribing or the taking of the much advertised patent medicines; second, these drugless methods frequently succeed after the "best" have failed; third, there is just enough of mysticism in some of the methods to appeal to the awakening consciousness of the superphysical, which is slowly evolving in the new race that is being formed in America; fourth, their newness appeals to the jaded appetites of the "butterflies" who are flitting from flower to flower of worldly pleasures.

A better understanding of what disease really is might help in the attempts to cure it. The body is composed of countless cells, each of which is a separate and distinct organism, experiencing birth, life and death. These countless lives are held in the shape of the body and perform their functions under the compelling force, called life, prana, vitality, etc. The body might be likened to the nation, the organs to the states, and the cells to the citizens. When all the cells are responding properly to this compelling force the body is in a state of health. When anything causes a mutiny on the part of the cells we have disease. When this compelling force is withdrawn the cells cease their co-operation and all working independently cause the disintegration of the body. The force causing the mutiny of the cells is the thing we oppose with the force in our drugs and drugless methods.

Drugs have certain forces locked up in them which have been derived from the sun and earth during their growth. These forces act the same under the same conditions to-day, tomorrow and forever, because they work under nature's unerring, never-changing laws. Not one of nature's laws can ever be broken. If that were possible chaos would be the result. Nature says this and that under the same conditions will always give the same result. If we have a knowledge of nature's laws we can play one against the other so we can arrive at any result we desire. If I want to get onto the sidewalk in front of this hotel I can jump out of the window Gravity will take me there in a hurry, but the results would be unpleasant for my physical body. I can show wisdom by playing the muscular force of my body, by walking down, against gravity and reach my destination without unpleasant results. The amount of force locked up in the drug when we get it depends upon many things; conditions of the growth of the plant, method of col-

lection and preparation of the product as handed us by the manufacturing druggist. Then there are other forces that will antagonize or help the force in our drugs. We may have confidence, indifference or antipathy on the part of the patient. His confidence will help much; indifference will be neutral, while the antipathy will oppose—sometimes so strenuously as to neutralize the force in the drug. If the patient *wills* to get well that force is added to the drug force. If they have lost interest in life and have no desire to live, the drug has that added resistance to overcome. The amount of vitality the patient has appropriated from nature's storehouse determines his recuperative ability or tendency to get well. One factor very few take into consideration is the attitude of the patient's family and the neighbors. If this is favorable to the physician the drug is helped; otherwise, there is more antagonism for the drug to overcome. After all these factors have been added to and subtracted from the original force of the drug the result is the amount of energy available to combat the disease. If one would remember this, would one be surprised that at times there are no results from his seemingly positively indicated drugs? On the other hand, what results could be expected if the drugs are given haphazard?

The drugless methods run the gamut from gross materialism—osteopathy—at the bottom to more or less pure mysticism—phrenopathy—at the top. Strung along the scale we have thermo-therapy, pneumo-therapy, hydro-therapy, mechano-therapy, electro-therapy, radio-therapy and some others I fail to mention. Under the division of osteopathy we have spondylo-therapy and those nondescripts who call themselves chiropractors. Spondylo-therapy is a plan of treatment by a regular physician for regular physicians who have not the stamina to study osteopathy under its own name, but who satisfy their code of ethics by using osteopathy under the name of spondylo-therapy; the chiropractor is one who has taken a correspondence course in osteopathy and received a past master's certificate in a confidence school. Thermo, pneumo and hydro-therapy depend for their efficacy on the effect they produce upon the circulation. Mechano-therapy is the application of quick or slow vibration; depending upon the rapidity, strength of stroke, we can relax a contracted muscle or tone up a relaxed one. Electro-therapy, the application of the electric current, depending upon the current and its strength, will contract or dilate the blood vessels, stimulate the repair or cause the destruction of tissue. Radio-therapy includes the use of sunlight, X-ray, n-ray, ultra-violet, actinic, and electric light. These can be applied so as to take the place of good, hard, honest labor; electric light baths, to destruction of tissue, with the X-ray or ultra-violet ray. If I tried to go into detail of all these methods there would be no room for other papers. Those interested can find much knowledge pertaining to these subjects in the proper books. I want more especially to speak of those methods which use the higher powers of mind to produce their results.

Osteopathy is the mechanical adjustment of the physical body. It postulates that if structure is correct that function will be correct, according to

anatomy and physiology. Another of its axioms is, that normal functionating of the body is dependent upon normal blood and nerve supply. The arteries are controlled by the vasomotor nerves and when these nerves are irritated the artery controlled by that nerve is contracted. If the irritation is continued until the nerve is exhausted the artery dilates. One important point it lays great stress upon is that internal organs must be in their proper position to functionate properly. Another is, that there are two causes of disease—one being perverted structure and the other abuse of function. Osteopaths speak glibly of luxations and subluxations. These are terms that mean to them a condition resulting from a joint being held at its extreme point of natural movement. For instance, if the index finger was held over the back of the other fingers with its point touching the little finger for a long time, the ligaments on the outside of the metacarpo-phalangeal joint would become irritated and inflamed. The swelling would produce more irritation and swelling with change in the structure. If we apply this to the luxations of the vertebra we can readily understand their claims for pressure on the nerves at their exit from the spinal column. We also know that an irritation of a nerve any place in its course will show that irritation at its point of distribution and not at the point of irritation. Many physicians hold the erroneous opinion that an osteopath means a dislocation when he speaks of a luxation. Osteopathy taught and the teaching is being confirmed by the latest anatomies that some of the so-called immovable joints are really movable, notably the sacro-iliac articulation. They claim that a luxation of this joint will result in hip-joint disease.

Osteopathy teaches that the acute diseases, pneumonia, pleurisy, dysentery, typhoid, etc., are due to the body not having the normal power to throw off these diseases because of some nerve irritation having reduced the normal resistance of the body. A case in point: A machinist had suffered for several days with an acute diarrhea which nothing he could get would control, physician, druggist or layman. A fellow employe said he could cure him, and, putting his knee in the small of the patient's back, pulled back on both shoulders as hard as he could. The patient thought his back was broken, but the diarrhea was stopped that instant. An osteopath applies his extensive knowledge of anatomy, physiology, etiology, to make careful diagnosis, locating the cause of the disease. The more careful he is in making his diagnosis the more specific he can be in his treatment and the better results he will have. Some of the less careful osteopaths do not go to this trouble, but give every case a "shotgun" or "general" treatment. "Shotgun" osteopathy gives about as good results as "shotgun" medical therapeutics. After making his diagnosis and finding the cause of the trouble he proceeds to remove it in his own way. Take a case of "wry-neck," by the application of gradual stretching in the opposite direction to the way the head is turned, he lessens the contraction of the muscles at fault with the removal of the condition. If he finds a luxation he will make his movement in the opposite direction. In an acute case he gives a stimulating treatment to arouse the

vitality of the body so it will throw off the disease. If we have not courage enough to study osteopathy we should study spondylo-therapy.

Phrenopathy—the cure of diseased conditions by the use of the power of the mind or will over matter. It embraces all superphysical means of cure, such as mental suggestion, Emmanuel movement, mesmerism, hypnotism, Christian science, psycho-therapy, etc. Phrenopathy is a term supposed to have been first used in 1869.

No one will question that the mind controls the body. The man wants to do something. He wills to do it in a certain way. The mind sends the order through the nerves to the different muscles, which, contracting, produce the movement desired. While we acknowledge the power of the mind over the body, we ask who or what controls the mind? The physical body is not the man, because it is changing every minute. The food and drink we take go to replace the wornout material. Taking advantage of that fact, we can build any kind of body we want by controlling the food and drink we put into it. If we want a pure refined body we will feed it on pure wholesome food and drink. Conversely, if we feed it on coarse animal or vegetable foods, we can but have a coarse animalistic physical body. We know a coarse wire will respond only to coarse vibrations. The same is true of the physical body. If we want our bodies to respond to the higher, finer vibrations, would not common sense tell us to feed them on pure food and drink only?

The man is not his passions, desires or appetites, because he can control them or change them at will. Neither is he his mind, because he can control that to a certain extent. No one would think of calling his horse or dog himself because he controls them to a certain extent or uses them for a certain purpose. The same way with the mind, we use it for a certain purpose and control it to a certain extent. The man, then, is something different from his mind, his passions and desires or his physical body. It is most difficult for one who thinks of this for the first time to realize the true self and the different vehicles that are used. The true man, whether using a male or female physical body, has been called a spirit, a part of God's intelligence, a ray of God, a spark of God's own fire. An ancient Indian mystic clothed it in most beautiful language when he described it as: "More radiant than the sun, purer than snow, subtler than the ether, is the self, the spirit that is in my heart; I am that Self, that Self am I." The Christian scientist means this when he repeats negative affirmation: "God is good, God cannot be diseased. I am God, I cannot be diseased." The man, the thinker, cannot be diseased, but the body he uses can and frequently is diseased.

Everything is pulsating at a definite rate of vibration. The rate at which it is vibrating determines the form it assumes. We see this hotel, these tables and chairs and our physical bodies, because the matter composing these forms is vibrating slowly enough that our retinas can respond to their vibrations. We cannot see the air because it is vibrating too rapidly for

our eyes to sense. Our emotions and desires are also modes of vibration too rapid to sense with physical organs. We cannot see our thoughts with ordinary vision but if we are mind-readers or clairvoyants we can. Because we cannot know a thing with our physical senses, or it does not agree with the knowledge we have accumulated at our present stage of evolution, we must not say it is not so, or call those who believe such things foolish, crazy or deluded. It would do us all good and take some of the arrogant conceit out of us if we could take an inventory of the stock of knowledge we have according to our physical senses. We know very little, but we believe much, because we have been told by others who know or their statements sound reasonable. Until I came here I did not know there was a place called Washington. I thoroughly believed it, but now I know it. So, if anything is presented to us and it is out of the ordinary, we should not pedantly say, "It is not so. What we should say is, "It may be true. I do not know. I have no knowledge upon that subject."

"Remember, that though a thousand men agree upon a subject, if they know nothing about that subject, their opinion is of no value."—*At the Feet of the Master.*

Mesmerism and hypnotism, practically the same, with spiritualism and witchcraft were the means used to arouse humanity from the gross materialism following the Dark Ages. They showed man there was something more than those things he could see, smell, taste, feel, or hear—something more than the physical senses could recognize.

Hypnotism is the result of the subject allowing himself to be forced out of his physical body and the will of the operator taking his place. No one can be hypnotised who has not enough strength of will to hold one thought in his mind and accept the suggestions of the operator without question or opposition. Repeated hypnotising renders the subject susceptible to control, even at a distance; not only that, but the control of the subject over his own body becomes so poor and he is so in the habit of stepping out of his body that any strong-willed person can force him out, or any of the denizens of the superphysical planes can do the same. Then we have a case of obsession, a case of insanity. Unfortunately something can be done to help a sick person with the aid of hypnotism, but the dangers are great. Dr. H. Church, the neurologist, says: "It is leaping from the frying pan into the fire. A worse condition resulting a little later." Everyone will have to decide this question for himself. Always remember that ignorance of law does not change in working of law. If one blunderingly takes strychnine for quinine, that blunder does not prevent a funeral.

In 1836, Charles Poyan, a French student of mesmerism, was traveling in New England, giving what we term "hypnotic stage exhibitions." Phineas Parkhurst Quinby, who was born in New Hampshire in 1802, attended these exhibitions and became greatly interested. After some study he found a sensitive subject in a boy, Lucian Burkmar, with whom he went on the road as a "mental healer." While in a trance the boy would diagnose all cases

that applied and then would prescribe for the case. These prescriptions would frequently give marvelous results. By close application Quimby became acquainted with the laws governing his cures. His formula was, "Diseases are caused by the absorption in the subconscious mind of an erroneous thought, idea or belief, and are cured by the removal of this erroneous thought, idea or belief." This is known now as the "Power of suggestion in causing and curing disease." Quimby soon found the use of the boy and hypnotism were superfluous and became the first modern healer by suggestion alone. From this time, 1843, until his death in 1866 it is estimated that he cured 15,000 so-called hopeless cases. His methods are fully explained in Dresser's "Health and Inner Life."

Mrs. Mary Baker Patterson Eddy (then Mrs. Patterson), a life-long invalid, was healed by Quimby in 1862. He afterward taught her and loaned her his manuscripts. Warren E. Evans, a minister and afterward a physician, who had been for years a nervous wreck, was cured by Quimby in the fall of 1863. Evans became a pupil, and, after mature study, he published a book in 1869 , calling it "The Mental Cure;" the first ever written to explain "how it was done." In 1872 he published a further elucidation of the subject, called "Mental Medicine," and in 1875, "Soul and Body." In 1881 Dr. Evans published his greatest work, "The Divine Law of Cure." It has been termed by some of his enthusiasts as "Celestial Therapeutics or the Science of Holy Healing." Mrs. Eddy's work, "Science and Health, with Key to the Scriptures," was published in 1875. She was supposed to discover the law of cure she labeled "Christian Science" in 1866. To one not interested in the controversy as to the discoverer or originator of mental healing it would seem that in the evolution of man's knowledge of psychic law and phenomena Mrs. Eddy applied the modern invigorator, advertising, and reaped the benefits in fame and finance. What is more important is, what power is used to get results and results they undoubtedly do get. This power is the control of matter by higher forces—call it spirit, soul, mind, subconscious mind or what not. The higher always controls the lower. It is not the laborer who carries out the orders in the factory who gets the money; it is the man who gives the orders. You know the effect of the emotions on the vegetative functions of the physical body. There is a logical basis for the saying, "Laugh and grow fat." Grief or worry will put a person in the grave as well as physical disease. How many have died of "broken heart" or nostalgia?

The vegetative functions of the body are under the control of the sympathetic nervous system. The force acting through this system is the same that causes the sun, earth and stars to move in their orderly fashion. At a remote period in our evolution we had complete conscious control of the action of the heart, lungs, etc., but in the evolution of the cerebro-spinal system we have given over that control to the sympathetic system. By certain practices we can take a step backward in evolution and regain this control. Some ignorant religious fanatics in India have regained this control to such an

extent that they can suspend animation for a week at a time; even being buried in the ground, and, in a short time after being exhumed, they go about their business as usual.

Thoughts are powers, potent for good or evil. If we are still cannibals, the thought of a savory beefsteak will make our mouths water and put the stomach in favorable condition to digest it. Mrs. Eddy speaks of "Mental Assassination." In folk lore the evil power of thought is spoken of as "praying evil prayers." A case in my town might illustrate this point: A little girl, the daughter of a Mason who had married a Catholic, disappeared from the church where she had gone to attend the morning mass. Many attempts were made to inflame the ignorant prejudice which exists so often between these two good classes of people. The priest foolishly made a flippant remark about asking the girl "where she was" when she was found. This was played to the utmost. The priest did not have the knowledge to keep away these malevolent thoughts directed at him by the unreasoning Protestants. As a result he was made so sick he had to go to bed and then he had to go away for a while to escape them. The thought always comes before the action. An architect always pictures the house in his mind before he commences to draw the plans. If I want to do a thing I picture the thing in my mind before I send the impulse to the proper muscles. Hermes Trismegistus put it, "That which is below is like that which is above." The wise king of Israel said: "As a man thinks so he is." A similar thing is found in the Bhagavad Gita, "Man consists of his faith, as his faith is so is he." In the Chandogyopanishat it is said in so many words, "Man is created by thought. What a man thinks upon that he becomes." The childhood rhyme could properly be changed to read "Tell me your thought and I will tell you what you are." If a man thinks thoughts of health he will be healthy. If his mind is continually filled with thoughts of disease he will be sick all the time.

How does it do all of this? Thought is vibration in the matter of the mental body or mind. The vibration shakes out of the mental body the matter that does not vibrate in unison with the thought and draws in the matter of the proper rate of vibration. This vibration passes down and affects the body of passions and desires, the astral body, with the effect of building into it synchronous material. Then the physical body is affected, responding alike whether the vibrations are good or bad.

By thoughts you can build any habit you choose to build. There is no virtue you cannot create by thought. The forces of nature will work with you, if you understand how to use them they become your servants. A man can think of a thing or not think of it when he has developed control of his mind. He can leave his mind open and it will be a prey to all the vagrant thoughts floating around or he can keep it occupied and choose the thoughts he allows to enter. It is by exercising this power that the Christian Scientist produces his, at times, marvelous cures. While repeating his formula, "God is Good. God cannot be sick. I am a part of God. I cannot be sick,"

he may be ignorant of the law he is using but the force works just the same. If the thought power is sufficient every disease can be cured. The trouble is not in controlling our bodies, but in controlling the thought power. Take a case of inflammatory rheumatism where the least movement causes excruciating torture and it would require magnificent will power to hold a train of quiet, peaceful, helpful, painless thought. Any pain hurts worse when you direct your attention to it. You know how the fond mother treats her child who has been hurt. She kisses the painful part and directs the attention of the child to something else. Soon smiles take the place of tears.

"The schools of Christian Science, Mental Science, Mind Cure, etc., are all dependent for their results on the outflowing power of the will. Diseases yield to that flow of energy, and not only nervous diseases, as some imagine. Nervous disorders yield the most readily, because the nervous system has been shaped for the expression of spiritual powers on the physical plane. The results are the most rapid where the sympathetic system is first worked upon, for that is the more directly related to the aspect of will, in the form of desire, as the cerebrospinal is more directly related to the aspects of cognition and pure-will. The dispersion of tumors, cancers, etc., and the destruction of their causes, the curing of lesions and bone fractures, imply for the most part considerable knowledge on the part of the healer. . . The method of cure where knowledge is present would be as follows: The operator would form a mental picture of the affected organ in a state of perfect health, creating that part in mental stuff by imagination, he would then build it into astral matter, thus densifying the image, and would then use the force of magnetism to densify it further by etheric matter, building the denser materials of gases, liquids and solids into this mold, utilizing the materials in the (physical) body and supplying from the outside any deficiencies. In all this the will is the guiding energy, and such manipulation of matter is merely a question of knowledge, whether on this or the higher planes. There is not the danger of cures wrought by this method, that accompanies those wrought by an easier, therefore commoner system, by the working on the sympathetic system alluded to above." This description of the "outflowing power of the will" is taken from the last chapter of "A Study in Consciousness," by Mrs. Annie Besant. I would recommend a closer study of this book by any who would know more of things above the physical plane. She further says in the same book: "There is another matter to be considered in healing diseases by will, the danger of driving the disease into a higher vehicle, in driving it out of the physical body. Disease is often the working out of evil that existed previously on the higher planes, and it is far better to let it thus work out than to forcibly check it, and to throw it back into the subtler vehicle. It is the last working out of an evil desire or an evil thought, and in such a case the use of the physical means of cure is safer than the use of mental means, for the former cannot cast it back into the higher planes, whereas the latter may do so. . . . If the mental curing is done by the purification of thought and desire, and the natural, quiet working of the purified thoughts and desires

on the physical body, no harm can result. To restore physical harmony by making harmonious the mental and astral vehicles is a true method of healing, but is as rapid as the Will-Cure and is far harder. Purity of mind means health of body; and it is this idea, that where the mind is pure the body should be healthy, that has led many to adopt these mental methods of healing."

I should judge that most mental healers use the "thought power" method to produce their cures. They direct thoughts of health to their patients. You know the power of your thoughts over others. If you start out in the morning cross and irritable, everyone you meet is in the same humor or soon becomes that way. You are arousing that mood in them by your own irritableness. If you are always happy, all you meet are that way or you will soon raise them out of their fancied troubles. Try it. You will be the gainer.

In Christian Science, as in all other religions, there is an exoteric teaching for the rabble and an esoteric teaching for the "initiated" or students. A Christian Science practitioner has usually taken a course in this "esoteric" school and is taught more concerning the power used than is given out to the ordinary church member.

When a person purposely uses a higher power for the purpose of making money, he is practicing "black magic;" he is prosituting that power and will certainly lose it, while at the same time he is laying up trouble for himself in the future. A long step in advance will be taken when we return to the perfect caste system which was prevalent in India thousands of years ago, when the physician, priest and teacher were the same individual. His knowledge was free to anyone and everyone. All contributed to his support. That caste system was the working of true socialism in its highest aspect. Originating in true unselfishness, it is now a most doleful example of the disintegrating power of selfishness.

As another proof that man is as he thinks, physiognomy tells the nature of a man from his physical body. If you see a person with a coarse, nasty physical body, you will know his diet consists of meats, beans, onions and alcohol, and that his talk will consist of profanity and obscene jokes. Which is the cause and which is the effect? We are told that the life uses the form to express itself and that the physical is the exact counterpart of the higher planes.

How often do we physicians, who are materialistic enough to use drugs, combine the mental with the physical means of cure? Eclectic physicians have the profoundest faith in the curative properties of their drugs when properly indicated. When we have made a careful examination and have the positive indications for the drugs, we give our remedies with the utmost confidence of action and go home satisfied the patient will improve. Does our confidence have a beneficial effect upon the patient? Whenever we think of the patient we are satisfied he is improving. Is it possible that there is an "absent treatment?" We are told that "consciousness is wherever there is anything that responds to its vibrations." If we think of a person,

or city, and picture it in our minds, our consciousness, which is the true man, is there. This is portrayed in Etidorpha when the "man who did it" and his guide were floating in space and went wherever they thought of. If we think of a patient, we are with that patient. Is this what the Christ meant when he said: "When two or three are gathered in my Name, lo! I am with them." When we hand a patient a bottle of medicine and tell him positively it will cure him, are not we reinforcing our medicine with our mental force? And is not that "direct treatment?" And when the patient "knows for certain that the medicine will help or cure him, is he using this mental power as an adjuvant to our medicines? How many of us have heard "Oh Doctor, the sight of you makes me feel better already." Is that an unconscious use of this same power? To answer these questions one would have to be a clairvoyant. But this clairvoyance is as high above the ordinary fortune telling medium as the mentality of Huxley is above that of an Australian bushman. It is said that the pituitary body is the organ which will be developed and act as the "third eye" or organ of clairvoyance. Many have partially developed it at the present time.

We have two causes of bodily disturbances, physical and superphysical. A man will experience grief or joy and the tears will roll down his cheeks. At another time he will get a cinder in his eye and the tears will roll down his cheeks. We also have two methods of cure, physical, drugs and mechanical means, and the superphysical, the control of mind over matter. These two forces are different aspects of the same force, part of the force that holds the universe in orderly position, that causes the movement of the largest sun or the tiniest atom. Both should be studied and utilized to the fullest extent of the knowledge it is possible to gain about them.

Eclectics of all people should act kindly, gently, tolerantly toward all, toward all alike, Regular or Homeopath, Christian Scientist or Faith-curist, Hydropath or Osteopath. We should remember ostracism, persecution, and suffering that fell to the lot of the early Fathers of Eclecticism, and extend the glad hand of fraternalism to those courageous innovators who are blazing the way in the field of the superphysical worlds. We should investigate, take the golden grains of truth they have and use in connection with the good materialistic knowledge of drug therapy we have. Be true Eclectics.

MENSTRUATION AND ITS DISORDERS.

Dr. J. S. Rinehart, Kokomo, Ind.

While normal menstruation is frequently accompanied with some degree of discomfort, as heaviness, fullness, and uneasiness in and about the pelvis, sometimes radiating from the lumbosacral region to the neighborhood of the ovaries, there should be no pain, distress or suffering attending it. Any deviation from the normal physiological process whereby pain manifests itself at any time, either before, during or following the period, is evidence that the function is abnormally performed. Such condition of painful menstruation

is denominated dysmenorrhea. This is the most common of the disorders of menstruation. In fact no other ailment peculiar to the female is so frequently encountered.

Dysmenorrhea should be properly recognized as a symptom, and not a disease of itself. A careful study of the etiology shows, that it may depend on a variety of conditions and exist under various circumstances. Also that the nature, habits and constitution of the female render her peculiarly susceptible to the trouble. Dysmenorrhea is usually divided into three varieties, both from the standpoint of etiology and pathology, and for the sake of convenience of study. The subdivisions are; neuralgic, inflammatory and mechanical. Membranous may also be included in case an exhaustive study of the subject be made. The ovarian is likewise mentioned as a distinct variety by some writers.

Mechanical dysmenorrhea, or, as it is called by some, obstructive, is of such common occurrence that a majority of physicians will be frequently consulted by women for relief of the same. This is the form of painful menstruation so often found in the young unmarried, or nulliparous female. In such cases it is owing to some congenital defect or obstruction acting as a local impediment to the free exit of the menstrual discharge. It may occur, however, as well under other circumstances and at any time during the menstrual life of the individual, under which circumstances it may be acquired, resulting from various local disturbances following as a consequence of parturition. The pain in such cases is usually intense, beginning with the advent of the flow, or as soon as sufficient blood has accumulated in the uterus to excite contractions, and continuing throughout the period, or until there is complete cessation of the discharge. The patient usually recovers her normal condition after a brief time, or a few hours, and continues perfectly free from any untoward or resultant symptoms during the intermenstrual period. The flow in mechanical dysmenorrhea is, as a rule, slow, scant and embarrassed, and consequently the period is somewhat prolonged. The pains are in most cases very severe, expulsive, tenesmic and spasmodic in nature, often exciting a condition likened to a uterine colic. The uterus, filling with blood beyond the degree of tolerance, stimulates an effort on the part of nature to expel it. This excites contractions which are resisted by the obstructed cervical outlet which admits of a very small discharge. This prolongs the menstrual epoch, and favors coagulation of the retained or residual blood. This might seem to explain the pathology of this very common, troublesome state of perverted menstruation.

When a patient recites such a history and presents symptoms of this nature, there would be presumptive evidence of local disturbance which should prompt an immediate and careful examination upon which to base diagnosis. In the young subject, or the woman who has never borne children, the speculum will usually reveal a congenitally defective cervix. In many cases this will depend on an os that is impervious; varying from this so-called *pin-hole* os or condition of the constriction, rendering the opening wholly inadequate to the free and normal discharge of blood. There may be in

some instances no evidence of mechanical obstruction on visual examination, but on attempting to pass a sound, the inner os will be found occluded to the extent of almost complete stenosis; consequently the examination in these aggravating cases should be searching, until every probable feature that could contribute to the trouble is excluded. The difficulty may again depend upon an elongated and constricted state of the cervical canal. In certain others, an examination reveals a uterine displacement. This will usually be found as a sharp flexion near the junction of the cervix and the body. While versions may in exceptional cases become a mechanical barrier to free and normal menstruation, resulting in dysmenorrhea, it is much less likely to obstruct the canal than the angle created by flexion. The extent and nature of the displacement may be readily determined by a careful digital examination and intrauterine exploration by means of the sound. Other cases may occur later in life, usually following a number of years of normal and painless menstruation from contraction of the cervix, resulting as a consequence of inflammation. A well defined endocervicitis may cause a fullness or thickening of the mucous lining, thereby partially occluding the canal so as to allow of the escape of the menstrual discharge imperfectly and painfully. Mechanical dysmenorrhea, again, may date from a parturition at which time the neck and tissues were lacerated or severely contused. The process of healing that follows often results in a thickening or closing in of the parts, or stenosis or reduction of the canal, owing to cicatrization or deposit of scar tissue. Cases, again, may depend on the presence of a small interstitial tumor in the parenchyma of the neck, growing inward, and thus occluding the cavity of the canal. In rare cases the caliber of the canal or external os may be diminished by the excessive and injudicious application of caustics in the treatment of ulceration or other diseases of the parts.

In reviewing the numerous causes that account for mechanical dysmenorrhea, it becomes at once apparent that a treatment from which any benefit may be derived or expected must be at once direct, and likewise mechanical. Probably in no other disorder of menstruation are greater blunders made and the patient so little relieved as in the treatment instituted by many physicians in this variety of dysmenorrhea. They fail to reason from cause to effect, simply gather from the patient's recital of her condition that she suffers from each menstrual period all the pangs of parturition, and what is plainer or easier than that some remedy be prescribed to relieve the pain? Probably an anodyne is given, or likely macrotys, pulsatilla and gelsemium are thought of, and after each has failed singly, as likely as not they are associated and given in combination; and finally after the patient gives up in despair rather worse than better, the physician, in not a few instances, attributes his defeat to the failure of specific medication, instead of placing the blame exactly where it belongs, to a faulty diagnosis.

Internal medication is not called for in this special variety of dysmenorrhea, unless it be later on as an auxiliary to allay some symptom that has risen secondarily as a consequence of the immediate trouble. The essential treatment consists of means to overcome the obstruction that impedes the

normal menstrual flow. In the event of the constricted canal, pin-hole os, or stenosis of any part of the cervix, the parts should be properly and forcibly dilated. This should be done under an anesthetic, and carefully, that the parts be not injured. The posterior lip of the cervix should be grasped with tenaculum forceps, for the double purpose of drawing the uterus down, and to create a counter-force favoring the introduction of the dilator. Either the graduated sound dilators of Pratt or Hanks may be used, commencing with a size sufficiently small to readily pass through the cervical canal, and continue with the other half dozen of the set until the part is satisfactorily dilated. Or, as many prefer, forcible dilation may be induced by means of divulsion, using the instruments devised by Palmer or Goodell. We favor the latter method, unless the canal or os is so reduced as to not admit the instrument, when one should begin with smaller sounds, and continue and complete the process with the divulser. If need be, and it will frequently be found well to do so, the dilatation may be followed by curettement It is well to pack the cervix with gauze, leaving it in place for twenty-four hours. It is advisable to keep the patient quiet and off the feet for a day, and if the curette has been used, for three or four days. In case the obstruction be due to cicatricial tissue, it must be excised and the gap closed properly with silkworm gut sutures, as in trachelorraphy. In some cases also, where the parts will not yield to the dilator, it may become necessary to make a bilateral section or discission of the uterine canal. Tents were formerly used to a considerable extent as a means of dilating a constricted cervix, but have largely been abandoned and more modern and better means substituted. Flexions and versions may also be frequently corrected by dilating and packing. In case a polypus becomes the offending feature of obstruction, it should be removed after the manner usually resorted to in such cases. When proper treatment is instituted—"removal of the obstruction"—mechanical dysmenorrhea will yield more readily and satisfactorily than any other disorder of menstruation.

SURGERY IN THE RURAL DISTRICTS.

S. W. Moreland, M.D., Jonesboro, Ark.

When one considers the importance of the surroundings of the individual who is about to undergo a surgical operation, the pure air of the rural districts seems to make it an ideal location. Individuals who have grown up in the country usually have strong constitutions that enable them to better withstand the shock of injury, or the debilitating influence of an operation.

While surgery in the rural districts will not be so much concerned with injuries produced by heavy and fast running machinery, yet many of these rural cases are quite important, when one considers the usefulness of the individual. Read the history of the first ovariotomy by Ephraim McDowell in 1809. This was performed on Mrs. Crawford, who rode sixty miles on horseback to the home of McDowell to have the operation performed. On

visiting her five days after the operation, McDowell was astonished to find her engaged in making her bed. Says a noted writer: "When we remember the fact that this first operation was performed before the days of anesthesia, and that Dr. McDowell had none of the advantages of the trained assistant and perfected instruments which are now deemed so essential to the success of this operation, the courage of the woman and the skill and intelligent daring of the surgeon combine to form a picture which is unique for its grandeur in the annals of surgery."

Let me refer to one other case of rural surgery that has become historical. It is the case of Cæsarean section performed by Dr. John L. Richmond in 1827. Dr. Otto Juettner, the medical historian, in speaking of this case, says: "It was during the service on Sunday, April 22, 1827, that Richmond was summoned to perform a surgical feat which will preserve his name for all time to come. On the day mentioned he was called to see a woman who had been in labor for several days and nights and was experiencing almost continuous convulsions. The woman, a primipara, lived in a log cabin and had none of the comforts of life. When he saw her for the first time she was unconscious. The wind was blowing fiercely through the crevices between the logs. There was no chimney. The patient was being cared for by a woman from Newtown, who had hung blankets over the walls of the cabin to keep the storm from blowing out the only candlelight by which the interior of the cabin was illuminated. Dr. Richmond saw that the patient was dying, and that an immediate operation held out the only faint hope." Before beginning the operation he prayed that God might guide his hand aright. His only assistant was the old woman referred to above. This operation was performed with common pocket instruments. In reporting the case in "Brake's Medical and Physical Sciences" in 1830, Dr. Richmond says: "I commenced the operation by making an incision through the integument, along the linea alba from the umbilicus to within an inch and a half of the pubic. I then made a short incision through the tendon, about one-third of the way from the lower to the upper end of the incision, and introducing my finger I found that the omentum was much in the way, as she was very fat. I introduced the blade of a crooked pair of scissors, and crowding the omentum up with my finger, cut first up and then down. During this part of the operation the hemorrhage was very trifling. I presume not exceeding four or five ounces. As soon as the tension of the abdominal muscles was taken off, the convulsions subsided and the patient became composed and tranquil." Dr. Richmond delivered the woman of a dead child. She recovered, as a living monument to the skill and courage of Dr. Richmond. For a full report of this case, see *"The Eclectic Medical Gleaner,"* March, 1912. The following cases coming under the writer's care contain some points of interest. Both proved fatal.

Case I. About thirteen years ago I was called to see Willy S., a boy about twelve years of age. I learned he had suffered with an attack of "grippe" a few weeks before. He had some fever, but was able to be up most of the time. The soft structure about the left eye was very much

swollen. An attempt had been made to lance the upper lid, and a small amount of pus was exuding. The incision was made through the upper lid, and there escaped large quantities of thick pus. This pus continued to escape for several hours, but without relief to the patient. There was no great pain suffered. In about thirty-six hours after I first saw him, he commenced to have convulsions which continued every few minutes until his death, which occurred in about two hours after the first convulsion. I thought at the time, and know of no reason for a change of opinion, that the abscess was connected with the brain. Whether the abscess was primary in the brain or primary in the frontal sinus, breaking into the brain and orbit, I was not able to determine. This case was fully reported in *The Eclectic Medical Journal* about thirteen years ago.

Case II. In August about six years ago, I was called to see Tom Goodjine, a young man about twenty-one years old, who had always lived in the country. He had been under the care of another physician since the previous May. He had always been healthy until the present attack. There was a history of continual headache, with some fever, since the previous May. Condition when first seen: Temperature 101° F. Pulse small; face and eyes very much swollen, tender on pressure over various points on the face and forehead, especially tender over the right frontal sinus. He had suffered much pain, seemed very weak and debilitated. Diagnosis, pus formation in the right frontal sinus, with a probable involvement of ethmoid and sphenoid bones. An opening of the frontal sinus and curettage of ethmoid was performed the next day. The patient was placed on a nourishing diet, the operated field was kept clean with antiseptic washes. For several days he improved; the wound in the frontal sinus healed. But in about three weeks the operation was repeated; after this the more active symptoms subsided, but the right eye became involved, which later extended to the other eye, and the patient became blind in both eyes. He became much stronger, but several months afterwards he died rather suddenly. I had not seen him for several weeks previous to his death, so cannot give an intelligent opinion as to the immediate cause of death. Probably an embolic abscess in some of the abdominal organs. An early operation would probably have saved this case.

There is one fact that seems to stand out prominently in the practice of surgery in the rural districts. The success that often attends the efforts of the surgeon notwithstanding he cannot have the aseptic surroundings that the surgeon in the city has; the greater vitality, the pure country air, doubtless has much to do with the success of the country surgeon.

XANTHOXYLUM. (PRICKLY ASH).

Geo. W. Thompson, M.D., New York, N. Y.

Prickly ash, one of nature's vegetable products, rich in medicinal properties, some of which are found in most of the plants belonging to the order of Berberaciæ, Menispermaceæ and Ranunculaceæ, and which makes this drug a pleasing substitute when some others are indicated. It is the medicinal properties of Xanthoxylum taken as the whole which gives to the drug its distinctive actions.

There are several species of the order, found in different countries; but

it is the specie known as Xanthoxylum Fraxineum and the Xanthoxylum Clava-Hercules that is usually referred to in medical discussion. These species are found in the United States. The former in the Northern States and Canada and the latter in the South. The shrub described by Prof. King as the Xanthoxylum Americanum (Fraxineum)-tooth-ache bush and yellow wood, is a polygamous shrub, some bearing both the male and the female flower; others the female only. This makes it questionable whether the shrub is a distinct American product and if it is not possible that a mingling of the flowers with those of plants and shrubs of similar order and properties, combined with the influence of soil and climate makes the difference in this particular specie.

The Xanthoxylum Clava-Hercules of the South is closely allied with the Hercules club of West India. The Xanthoxylum Latum of India and Xanthoxylum Piperitum of Japan are similar, the latter yielding in its fruit pungent and aromatic properties, the natives of Japan and China using the fruit as a condiment the same as we use pepper. Its general use in these countries as well as the medicinal properties gave it a commercial value which attracted the early investigators.

Chevallier and Pelletan in 1826 isolated from the Xanthoxylum Clava-Hercules a bitter substance which they called Xanthoperite. This alkaloid was found to be the same as berberine derived from the Berberis vulgaris discovered by Bucaner in 1835 and later discovered that it was one of the most widely distributed alkaloids in the vegetable life. Its basic properties were fixed by Fleitman and in 1863 by Perrins. A volatile oil, a fixed oil, resin and a crystalline body was found by Dr. Staples in 1829. The crystalline substance was called Xanthoxylin. The fruit of the Xanthoxylum Piperitum was examined in 1854 and again in 1857 by Stanhouse, who found a volatile oil and crystalline Xanthoxylin, which has a chemical formula $C_{20}H_{24}O_8$ and melts at 80° C. It has a slight odor and aromatic taste, and neutral reaction. The liquid portion of the volatile oil is Xanthoxylene, $C_{10}H_{16}$, which is colorless; has a strong, agreeable odor and boils at 162° C. or 324° F.

The Eclectic physicians of today owe a debt of gratitude to the Indians of North America and to the pioneers of their school for the knowledge they have of this valuable remedy. Medicinally it is classed by Prof. King as a stimulant, tonic, alterative and sialagogue and indicated in languid conditions; as a sialagogue in paralysis of the tongue and throat (bulbar paralysis). In chronic rheumatism, colic, syphilis and hepatic derangements. He also suggests combinations which increase its efficacy and the drugs with which it is combined. In syphilis and hepatic torpor he recommends iris versicolor and podophyllum (this will cause salivation.). With phytolacca in chronic rheumatism King gives a warning that there is a difference between a tincture of the berries and the bark, and cites a case of poisoning where the bark was substituted for the berries. In cholera the tincture and decoction of the berries was used by him with the greatest of success. Buchanan adds to the indications for its use, phthisis, scrofula, paralysis, diarrhea, dysentery,

indigestion, the atonic form, cutaneous eruptions, ulcers of skin and mucous surfaces, gleet and leucorrhea, and suggests the following combinations in phthisis, cod liver oil and viburnum; in cholera, with capsicum; in chronic diarrhea, hydrastis; in rheumatism, macrotys; syphilis and gleet, stillingia.

Fyfe gives the specific indications; hypersecretions of mucous surfaces and all atonic conditions. Ellingwood compares its action to nux vomica and belladonna, and recommends it as a cardiac stimulant, and tonic in blood stasis, and exanthematous diseases.

The United States Dispensatory compares its action to mezereum and guaiac in rheumatism.

The National Dispensatory states it increases the flow of milk and is an emmenagogue. It certainly has the action of glonoin on the venous circulation, without giving the head symptoms.

Whether this drug has an opsonic index or increases the antibodies of the blood has not to my knowledge been announced by the investigators of scientific therapy. It will probably be less curative of disease if found wanting in these essentials. The value (price) of the preparation will be markedly increased if these qualities should be discovered. It is our duty as physicians to learn all we can about our remedies, the structure through which they act and changes which they may produce, but it is far more important to the physician and his patient to know that they will act, and the indications for their use.

The compiling of this paper is easy for anyone who has the time and inclination, and little would be gained by you except time if I did not add my experience with the drug after carefully studying its action and watching the results. I owe a great deal to xanthoxylum, although using it in my practice more or less extensively I did not give it the attention I have since it placed me in debt. I shall place before you two cases and could several more if time was not limited.

Case I.—A young woman, twenty-three years of age, was severely burned; upward of 700 square inches of skin, fascia and muscles, with most all of the superficial veins of the lower extremities, were destroyed. The shock was terrific. Four days of unconsciousness, temperature subnormal, heart's action rapid, irregular and intermittent; it could not be counted accurately; above 180; the second sound most of the time almost unheard; radial pulse absent hours at a time. Respirations seven and eight per minute; extremities cold; involuntary voiding of urine. Relatives, physicians and friends expecting every minute to see life flicker out, Dr. Boskowitz said we have used everything but xanthoxylum, and that he was going to give her 15 minims of it hypodermatically, which he did, and in thirty minutes repeated it with the most remarkable result. A slight warmth to the skin, distinct return of the second sound of the heart without very marked lowering of its rapidity, a return of the radial pulse, slight increase in respiration to eleven and twelve per minute, temperature rise to 102°, which later reached 105.5°.

The skeptic might claim this was due to the 87 per cent. of alcohol found in the tincture, but when over 200 hypodermatic injections of whisky, digitaline, Mulford's tincture of digitalis, strophanthus, 15 m. of camphor with equal parts of sweet oil and repeated in an hour; nitroglycerine, strychnine,

one-twentieth grain repeated at intervals of one to three hours, saline hypodermoclysis and rectal enemas of the same by the drop method, milk and whisky enemas, alcohol baths and hot water supplying warmth (packs) had been used without result. It must also be remembered the per cent. of alcohol in the camphor is about as large as in the tincture of xanthoxylum. The copious amount of whisky subcutaneous and per rectum with alcohol baths should have accomplished the work if the alcohol of the tincture of xanthoxylum did.

Case II.—Woman, sixty-three, suffered from an attack of acute bronchitis which rapidly developed into a pulmonary edema, complicated with an atheroma of the vessels, cardiac weakness and acute desquamative nephritis, with slight anasarca of the legs. The cardiac weakness was marked. The pulse 60, interrupted and irregular; cold, clammy skin; respirations 90 per minute; lips, ears, fingers and toes cyanosed; a semiconscious incontinence of urine and feces. In this case oxygen was given early at short intervals and not to exceed ten seconds at a time; warm packs with veratrine hourly and xanthoxylum every half hour for four hours. The pulse became regular but did not increase in rapidity over five beats until after there was marked skin warmth; and the respiration fell to 50, then the pulse rose to 70. The veratrine was continued and the hypodermatic injections discontinued. Ten minims of xanthoxylum was given every two hours per mouth. As there developed some muscular tremors about the lips one one-hundredth grain strychnine was given every five hours for two days. The pulmonary edema disappeared in three days, the bronchitis with it. The administration of oxygen in this case was continued for forty-eight hours.

I have watched the action of xanthoxylum in several other cases and have had exactly the same results when the medicine was given hypodermatically or per mouth. There has been no appreciable quickening of the heart or slowing of it until after surface warmth was established, but in every case where there had been arterial relaxation the second sound of the heart was increased and the rhythm controlled. It, like most drugs has a double action, one upon the parts it comes in contact with directly, as a stimulant; the other through the sympathetic to the vessels and heart as a tonic. The heart's action is largely improved by the tone given to it by the arteries. The vasa vasorum is toned to give an increased supply of blood to the walls of the arteries, a stimulation is given directly to capillaries where they are the smallest, as in the mucous surfaces of the intestines, lungs and glands. It thus favors the exchange of nutritive material and respiration, not by increasing the heart's action and increased respiratory efforts as belladonna does through the pneumogastric and giving a toxic indication through filaments of the sympathetic to the skin. Nor does it act as strychnine does, through the anterior columns of the cord, increasing muscular action and giving mechanical support to the vascular walls, increasing the volume of blood in larger vessels and of necessity increasing the heart's action, giving slight stimulation through the sympathetic filaments of the cord to this organ, very often after the tetanic muscular twitching of the neck, jaws and lips or gluteal manifestations indicate its toxic effect.

In conclusion, it is my opinion that xanthoxylum acts on the extreme distribution (peripheral) of the sympathetic nerves. This is reflexed to

the ganglion, thence to the heart, and acts as a tonic and aids equality of circulation.

THE CAUSES OF DISEASES PECULIAR TO WOMEN.

Amy Robinson, M.D., Hastings, Neb.

If a baby girl has good, healthy parentage and has the proper instructions as to the life ahead of her, and is situated so that she can and does obey these instructions, the causes of diseases peculiar to her sex are very limited. Many of our writers head a list of causes of diseases peculiar to women by anatomical cause as to the relation of the uterus and its appendages to the abdominal cavity and its contents, and relates the fact of nature's direct communication with the peritoneum through the Fallopian tubes to the external parts as important factors in etiology. We agree with these writers inasmuch as carrying infection from without in as in the gonorrheal, or other infection, but, on the other hand, divine nature has so wonderfully and completely arranged the locations as to make a perfect drain from within out, and, as I have stated, if the female has a good parentage and does not become infected; does not overwork or wrongly dress, the causes for diseases peculiar to her sex are none or nearly none.

There are hereditary or congenital causes. The inherited tendencies to tuberculosis and malignant affections. And sometimes there is arrested development interuterine, caused by the infection of the fetus with syphilis, smallpox, measles or scarlet fever. These diseases, it is said, may cause an arrest in the normal development of the organs of generation without influencing the general physique of the person. Such a woman is apt to be sexually weak as a result of these inherited defects.

Social Conditions as a Cause.—The women of the working classes are affected less by the diseases from which they suffer, and will continue to attend to the duties and labors which are consequent to bringing up a large family, and yet at the same time be suffering from a local condition which would make invalids of the women in the higher walks of life; the latter suffering more from neurasthenic conditions and various subjective symptoms which are more or less dependent upon their environment and habits of life.

Education.—Too little attention is paid to the physical development and the general health in our effort to give young girls a polished education. There is a lack of that special care and attention at the time of puberty and during the menstrual period when nature demands mental and physical rest. Their work should be regulated in amount and character to suit the health and temperament of the young girls. I believe the present cramming and high pressure system of education, together with its environment, causes much of the menstrual derangement, sterility, absence of sexual feeling and aversion to matrimony. It should not be necessary to sacrifice their health upon the altar of education. Other causes are unhygienic conditions,

both general and local cleanliness; also lack of care of the bowels and bladder.

By close observation in my work in treating diseased conditions peculiar to women, I believe the sexual relations and criminal abortions to be classed first as causes. The fulfillment of woman's destiny is completed by marriage, and nature resents any interference with her laws by causing atrophy in organs which are neglectful of their functions. This rule applies not only to the organs of generation, but to all other parts of the body as well; perfect health being obtained only when all the bodily functions fulfill their purpose. The conditions of the entire system depend much upon the vigor of the genital organs. While single women naturally escape the accidents dependent upon marriage, pregnancy and labor, yet they suffer from certain conditions resulting from celibacy; they are more apt to develop uterine fibroids. The ovaries become painful and cirrhotic; they are apt to be anemic and suffer from neurasthenia, and the menstrual flow becomes irregular as to time, quantity, and duration. Indefinitely postponed marriages and long engagements are a common cause of nervous breakdowns. It must always be borne in mind that functional disorders of the nervous system and menstrual disorders are benefitted by marriage and the rearing of children.

Criminal abortion is too often the cause of disease in women. Septic infection of such source may cause immediate death or result in sterility or chronic invalidism from damage to the Fallopian tubes. The secrecy that necessarily belongs to this procedure with the professional abortionist prevents the patient from receiving the proper care, making many of our chronic uterine or tubo-uterine inflammations. Venereal disease also plays a great part in causing diseases peculiar to women.

CHRONIC PROSTATIC HYPERTROPHY.

G. Allan Rowe, M.D., Buffalo, N. Y.

I am offering the following remarks on the subject of hypertrophy of the prostate gland not so much with the idea or expectation of giving you a new treatment or cure, as to earnestly urge a more thorough, comprehensive and exhaustive study of the subject on the part of all our members. The prostate gland has been in existence ever since the advent of man upon earth, and notwithstanding the fact that all the way down through the ages it has been subject to the pathological condition known as chronic hypertrophy, and that for over two thousand years this particular condition has engaged the attention of some of the best medical minds, yet today, as physicians, we are forced to the humiliating confession that there is no absolutely safe and certain cure known either of a medical or surgical nature.

In view of the fact that in about one-third of all males who have passed middle life some enlargement has taken place, and that perhaps in one-sixth of all males over fifty-five years of age this enlargement is pathological,

thus becoming an integral factor in the duration of human life; and in view of the further fact that a pathological prostate seriously affects the procreative functions of the individual, it would seem that the medical profession must either admit its inability to correct this condition or else it has not received the thorough study it deserves. Even if we are charitable enough to attribute the lack of curative measures to the latter cause, that alone is abundant evidence that there is urgent need of a systematic and profound restudy of the subject in order that a dependable system of therapeutics may be perfected. Furthermore, I desire to go on record as saying that when we have discovered a reliable cure for an enlarged prostate without its entire removal or too serious mutilation, we will not only be able to take away much of the torture of advanced age in men but we will have discovered a certain method of prolonging life. The subject is one, therefore, of the greatest importance to every male inhabitant, young or old, because it is natural to expect that every young man will eventually grow old, and when old, if he can escape the ravages that go with this affliction, he is sure of a longer lease on life and a comfortable old age.

In order to be better enabled to discover a cure for an enlarged prostate, it is necessary to have constantly before us a clear conception of its anatomical and pathological conditions. With your indulgence I will briefly review what I consider some of the more important anatomical and pathological points.

One very important anatomical point to be remembered with regard to treatment is that the prostate both in structure and function is more properly a muscle than a gland. It encircles the first inch of the urethra and is composed chiefly of unstriped muscular fibers. The inner or circular layer of these fibers in front is continuous with those surrounding the membranous layers of the urethra and behind with the muscular coat of the bladder. There is a superficial layer immediately beneath the capsule forming a sheath for the gland, and between these two layers the glandular substance is imbedded. The glandular substance is composed of follicles lined with columnar epithelia, which empty upon the floor of the prostatic urethra through fifteen or twenty excretory ducts. You will thus see that the prostate is not a ductless gland. It is divided into two lateral lobes by a deep notch behind and by a furrow at the upper and lower surfaces. The middle or third lobe is the portion between the two lateral lobes at the under and posterior part of the gland immediately beneath the neck of the bladder. The urethra passes through the gland at the junction of its upper and middle third and the ejaculatory ducts traverse it. The function of the prostate is both genital and ejaculatory. During sexual orgasm it contracts and forces the spermatic fluid out in jets. It is held in position by the posterior layer of the triangular ligament; the deep layer of perineal fascia and the pubo-prostatic ligament. Anteriorly it is in relation with the pubes and posteriorly with the rectum. It weights about one and one-half ounces.

Pathology.—Concerning the pathology of an enlarged prostate I might say that the hypertrophy varies in some particulars, but, as a rule, consists

of a general enlargement in all directions, while within, separate tumors develop resembling uterine fibro-myomata. I would especially impress upon your minds that the increase in size of the prostate is chiefly due to overgrowth of the fibrous and muscular constituents rather than the glandular substance. Indeed the glandular elements are almost unaffected. The size and shape of the gland as well as the tumors within it vary. Either the lateral or median lobe may be the seat of enlargement, and if the latter, it constitutes a bar which blocks the urinary orifice. The enlargement may compress, twist, or distort the urethra so that no instrument can be inserted. The tumors may be the size of a pea or of a goose egg. McGill classifies the various forms of the intravesical growth; that which produces urinary symptoms, into first, a projecting pedunculated middle lobe; second, an overgrowth of the three lobes; third, an enlargement of the lateral lobes only, and fourth, a collar-like projection encircling the neck of the bladder.

Symptoms.—I shall not attempt to enumerate all of the symptoms that point to an enlarged prostate, because most of these symptoms can be found in any reliable surgical work, but among the earlier, more marked and important symptoms may be mentioned frequency of urination, especially at night. This may precede any well-defined enlargement and is caused by the congestion of the plexus of enlarged veins at the neck of the bladder which interferes with the return flow of blood. After a time more or less of the urine is retained in the bladder and only the excess passed; the desire to urinate becomes almost constant; the strength fails, sexual vitality is destroyed; the urine becomes fetid and ammoniacal, sepsis occurs and death follows. The diagnosis of enlarged prostate is easily made by a physical examination.

Treatment.—As I have already stated our present-day treatment for hypertrophy of the prostate is far from being satisfactory, but humanity looks to and depends upon the medical profession to find a cure. If it fails then we have no good reason for complaining if the afflicted apply to the Christian Scientist, mental healer, psychotherapeutist, mesmerist, or any other system of treatment. We hear a good deal about Christian Science treatment these days, and if Christian Science can prove its sucess in curing a disease like chronic hypertrophy of the prostate it is deserving of a place of honor among the healing systems of the world. If it can do this it should be praised and not ridiculed or condemned, but there must be no deception, no false pretense. For my part I am willing to give any system of healing credit for curing any disease that I am unable to cure myself. I have never known of a case of enlarged prostate that was cured by Christian Science treatment, but, if it can be done in that way, then the medical profession should adopt its methods, unless it has something better to offer. From what I have been able to learn about the curative methods of Christian Science it seems that the cures depend upon the degree of success attained in making the patient believe he is not sick and that he has no affliction. If it is possible for a Christian Scientist to have an enlarged prostate, such as I have seen and which completely blocked the flow of urine, it would be

interesting to know whether he could make himself believe he had no affliction. I am not referring to the healing methods of Christian Science with the intention of subjecting them to unjust ridicule, but rather as methods to be adopted and used in our own practice if they are worthy. If they are not worthy then they should not only be rejected by the medical profession but by the people as well. I do not believe, however, in crying quack at the other fellow unless he is a quack.

A great variety of remedies, both medical and surgical, have been advanced for the cure of chronic prostatic hypertrophy with varying degrees of success. From my viewpoint, the main object in the treatment of this disease is to conserve the gland if possible, and to prevent mutilation or actual removal. The advantage of this must be evident when it is remembered that the destruction or removal of the gland, while it may offer relief from pain and suffering, in many cases is practically changing one pathological condition for another. Aside from the danger to life in removing the prostate by a surgical operation, it must not be forgotten that no man who has apparently recovered from such operation found himself with a normal urinary or sexual system. Nevertheless, I am not opposed to prostatectomy, because there are many cases in which complete removal seems to be the only method of relief, and yet it must be remembered that prostatectomy is always attended with more or less danger to life, even if performed early, and, besides, is not always a thorough cure. The galvano-cautery offers much promise and encouragement as a cure in many of these cases. It can generally be used without giving chloroform and is not attended with great danger. The Bottini operation, with the cautery knife heated to white heat, will effect some truly remarkable cures. While all cases of enlargement cannot be cured with the cautery yet with this method it is often possible at least to remove the obstruction sufficiently to allow the urine to be passed comfortably and without the use of the catheter, to give the bladder a chance to heal and to preserve the sexual functions.

There are not a large number of medicinal remedies known at the present time that can be fully depended upon to reduce an enlarged prostate, although some are very reliable adjuncts. A few years ago the strontium sulphate was heralded as a panacea for this trouble. The medical journals were full of wonderful cures, just as they are now full of wonderful cures of syphilis with "606." I have serious doubts, however, whether a single case of chronically enlarged prostate was ever cured with strontium sulphate. At any rate it proved a complete failure in my own practice. And this leads me to remark incidentally that many of the supposedly sure-cure remedies for various diseases have their origin either in the fertile brain of some enterprising manufacturer or in that of some doctor who aspires to notoriety which cannot be obtained in the usual way.

Among the medicinal remedies that have given the most satisfactory results in my practice may be mentioned thuja, black cohosh in from one to ten drop doses, belladonna, iodine, potassium iodide, gelsemium, potassium acetate, corn silk, saw palmetto, and a number of others. In selecting a

medicine to favorably influence this disease it should be remembered that the chief therapeutic action is to be exerted upon unstriped muscular tissue, rather than upon glandular tissue.

Massage.—Of the mechanical methods that may be used as remedial measures in this disease digital massage per rectum undoubtedly takes precedence. I do not consider instrumental massage to be advisable. The chief drawback, however, to massage of the prostate is the liability of inducing orchitis, but with care and gentleness of manipulation, especially in the beginning, this can generally be avoided. Indeed you will find it quite remarkable how much active manipulation the prostate will tolerate after a few treatments. I have found it practically impossible to obtain any curative results with massage in less than three or four months time. It should be given every day or every third day for five or six weeks, and then, after a respite of ten days or two weeks, should be kept up long enough to effect the cure. In this way, together with suitable medicinal remedies, I have succeeded in completely reducing the prostate and restoring normal functions. I commend it to your consideration. I might say, however, that it is almost necessary for a patient to be in a private hospital in order that massage may be properly administered, because he cannot do much labor while under treatment and he should strictly observe instructions as to diet, hygiene and habits.

I am unable to say just in what form the truly ideal cure for hypertrophy of the prostate will appear, but I wish to say that the method which appeals to me the strongest, and which seems most likely to prove entirely successful, is that of injecting the prostate with some suitable curative agent. I have given this method so much thought of late that sometimes I find myself dreaming about it, but the more I dream and the more I think the stronger becomes my belief in it. I have not as yet given this method a thorough trial, but shall surely do so as soon as possible. True enough, there are a number of serious obstacles to this method. The inaccessibility of the prostate is against the method, as it would have to be done through the rectum. Then there is the difficulty of aseptisizing the rectal vault, of avoiding the bladder, urethra and seminal vesicles, when depositing the fluid, as well as the danger of abscess. Besides, the question of what to inject has not been fully decided. Nevertheless I am sure everyone of these obstacles can eventually be overcome. While I have in mind a number of remedies, which I feel reasonably certain would produce curative results, yet I prefer to report on them after they have been thoroughly tested. I would not hesitate to start the treatment by injecting boiling water, because this at least can be made sterile and will not be likely to cause abscess.

Inasmuch therefore as there is no absolutely reliable and successful treatment known at this time for prostatic hypertrophy, I once more urge every member of this Association to give the subject a thorough, painstaking and scientific restudy, in order that it may soon be fully classed as a curable condition.

SISYRINCHIUM BERMUDIANA OR FEVER GRASS.

Geo. W. Holmes, M.D., Sharpes, Fla.

Sisyrinchium Bermudiana or fever grass, or blue-eyed grass, known among the laity as fever grass. This plant grows quite extensively as well as abundantly over Florida. It has a beautiful star-shaped blue flower; the leaf attains a height of eight to ten inches, is round in shape; the fibrous roots are from six to ten inches in length and is the part that is used in preparations for medicinal purposes.

I have observed the use of this plant as a domestic remedy in fever of the remittent and intermittent type (malarial fever) for many years. It is one of the remedies that the Seminole and other tribes of Indians used, and from them the early pioneers in Florida learned to use it in the days when doctors were scarce and roads poor.

Becoming interested in its demonstrated virtues, I enclosed a specimen of the plant to our John Uri Lloyd for botanical identification, with the result that it is the sisyrinchium Bermudiana. He also added that it was not classified among medicinal plants. It had not been introduced to the professional dispenser of drugs.

Moving to Florida in 1875 for a serious pulmonary trouble, my long residence has afforded me ample opportunity to note the use of this fever grass among the laity from time to time and for years, as the name suggests, for fevers, intermittent and remittent of the malarial type, quite frequently after quinine and its kindred preparations had been prescribed repeatedly and with only temporary benefit; an ounce of the roots, freshly gathered, would be infused and the resulting liquid boiled down to half its volume and administered freely in one-half ounce doses until its cathartic properties were quite actively induced, fever or no fever. Then it would be continued for a few days with the effect that the engorgement of liver and spleen subsided and their functional activity fully restored. Then there is no relapse, with appropriate remedies to meet other complications if any remain or a new case is developed. The results were definite and satisfactory and not easily forgotten. Recently, in response to my question, "Mrs. B., how did your case of malarial fever end?" she said in reply: "I took the medicine that you left me and lots of quinine and other stuff, but it would return, so I sent Curtis out and had him bring me some fever grass and drank a lot of it, until it acted on my bowels; continued it for a few days afterwards, and have had no relapses since." Inquiries among those who live in remote parts have furnished me with many cases of bilious fever, as they term the prevailing fever, treated successfully with it.

Here is a point that I wish to emphasize. Especially is it of utility when its value is vouched for and its administration superintended by one who fully believes in its value and pushes the remedy to its full cathartic effect. This is trite but true in professional circles. Faith and works must go hand in hand as in moral and spiritual life.

I have had but a limited personal opportunity to learn of its medicinal

properties. I have seen it administered to a patient who had come to Florida on account of asthma, and had not received benefit from the climate or treatment of local physicians, cured after a course of this fever grass, and yet continued at his old occupation of fisherman. He has remained free from it for ten or fifteen years.

I am employing a saturated tincture of the roots as well as the infusion. The former in fifteen-drop doses. It is slightly laxative. It has a little of the stimulating pungency of prickly ash. Thus far its obvious action is on the gastro-intestinal tract. One redeeming feature is that there is no known evil results from its administration. Other than that it is a rival to the old, time-honored anti-bilious physic and quite free from annoying pains connected with its action.

I hope to continue my observations in the future, and, if I am granted the pleasure to meet the Association, to report further investigations.

MY CONFIDENCE IN MACROTYS.

F. H. Fisk, M.D., Nashville, Tenn.

Macrotys is one of the oldest of botanic remedies. My father was a practitioner who gathered his own herbs and roots for use in practice which were made into teas, infusions and decoctions, and those teas worked wonders. On more than one occasion when I was a boy, some seventy years ago, have I gone with my father to gather black cohosh, the common name for macrotys. My father gave the black cohosh tea to women who were pregnant and to those who were in labor. This is my recollection.

From Eclectic medical journals and text-books on Eclectic medical practice we glean that the fathers of Eclectic medicine employed macrotys from the first and all agree as to the influence of this remedy upon the uterus, either pregnant or non-gravid. Drs. Wooster Beach, Thompson, Howard, King and others gave to macrotys full credit as a uterine tonic.

Macrotys was administered largely as a tea until about the time Prof. John M. Scudder proposed the name specific medicine as a name for a tincture of a definite and uniform strength. Since that time specific medicine macrotys has been prescribed by Eclectics. Your essayist was one of the first to make use of the specific medicine macrotys, and always with success. Following the teachings of Professor Scudder I have prescribed specific medicine macrotys for heavy, tensive, aching pains of the muscular tissue in any part of the body, but especially in the uterus, with satisfactory results.

Searching through Eclectic literature I find the following items of interest:

Dr. Benj. L. Simmons, our worthy secretary of the Tennessee State Eclectic Medical Society, says: "The best indication for macrotys is a free circulation of blood, hot skin, but inclined to be moist, and tensive, intermittent pains, followed by soreness."

Dr. G. T. Van Voorhees, Kernville, Cal., says: "Four weeks previous to the time of the expected labor I give specific medicine macrotys, dr. j; specific medicine pulsatilla, dr. ss; aqua, sufficient to oz. iv. A teaspoonful four times a day. Macrotys relieves after pains."

Dr. A. G. Smith, Metamora, Ind., says: "Indications for macrotys are muscular pains increased by motion of the parts. The patient experiences a sense of aching all over; aching of the bones. The sense of aching seems to come and go in waves, as it were. It is a valuable remedy for false uterine pains just preceding labor. In dysmenorrhea, sacro-pubic pain, radiating in all directions and coming in waves, macrotys is infallible."

A case in practice: I was called to see a lady in whom all the functions of the body were apparently in a good condition, but each day in the afternoon she would commence aching, and this would increase until she would have to take to bed. She would be in pain of the most severe character from head to foot. This would last until about midnight when she would gradually get better, and by morning she would be as well as usual. Specific medicine macrotys, dr. j; water to oz. iv. M. A teaspoonful every three hours. Recovery in three days.

Dr. F. E. Hill, Brooklyn, N. Y., says: "Indications for macrotys are muscular, throbbing pains increased by muscular contraction in the back, loins, hips and thighs, and sensations of soreness with dragging pains in the uterus; also false pains during labor. It causes contraction of the non-striated fibers of the muscular tissues. Macrotys exerts an influence upon the uterus through the nerves branching from the lumbar section of the cord and the hypogastric plexus of the sympathetic. A true partus preparator, and parturifacient when false pains occur."

Dr. Harvey W. Felter, Cincinnati, gives indications for macrotys: "Muscular pains increased by muscular contraction, especially uterine pains."

Dr. Thomas Bowles, Harrison, O., says: "Macrotys strengthens the muscular action of a weak heart with irregularity of rhythm."

Dr. John W. Fyfe says: "In muscular pains in the back, loins and thighs; sense of soreness, with dragging pains in the uterus; as if dependent upon a contracted state of muscular fiber, macrotys gives prompt relief."

Dr. Niederkorn, Ohio, says: "Macrotys will relieve muscular soreness and muscular pains, dull, dragging backache during labor. An excellent parturient."

Dr. Carrie Brandenberg, New York, says: "Macrotys acts upon the lower portion of the spinal cord and the organs contained in the pelvis, more especially the uterus."

In my practice I prescribe specific medicine macrotys in rheumatism when the diseased action is directed to the body of the muscles with succession of tensive throbs and increased pain upon motion or action of the muscle. In acute and chronic inflammation of the uterus, macrotys is my "sheet anchor." A very large percentage of women are afflicted with chronic endometritis, with pains in the uterus, frequently referred to as in ovarian region, accompanied by leucorrhea and nervous debility, and here macrotys

is a sovereign remedy. Macrotys is the remedy in angina pectoris in conjunction with specific medicine lobelia.

CHILDHOOD ANEMIA.

FLORENCE T. TRUAX, M.D., ATLANTA, GA.

In a practice of twelve years it has been my lot to examine and treat a large number of children. The presence of anemia, actual blood poverty, in a very large number of cases which were brought to me for some more evident trouble has been and is a problem which perplexes and distresses me daily.

In many instances the patient and its parents are absolutely ignorant of the condition, and, instead of taking precautions to arrest the trouble, both parent and child proceed to add fuel to the flame, as it were, by careless living, insufficient and inappropriate feeding, and lack of proper exercise.

The pathology of anemia in children does not differ from that of the adult, but the etiology is not always easily reached or perceived.

Blood poverty in a child may be due to a number of causes, but we may group them under the heads non-nutrition and mal-nutrition. The stomach of the child is a tiny receptacle, and is not, as we are sometimes led to believe, a hollow tube with an opening at either end. Into this stomach, there to be acted upon and properly prepared for assimilation, goes the nutrition which furnishes the entire life to the small body. The physician's attitude toward child feeding is a delicate one. Every mother feels, of course, that her judgment in the matter far surpasses that of the ordinary practitioner. I am fully persuaded that, generally speaking, children are more underfed than overfed. Understand, I am not now speaking of infant feeding, for in this day and age infant feeding is receiving to a large extent the attention which its grave importance demands. But I do mean that children *past* the baby age are often in need of proper nourishment. I say *proper* nourishment, as I shall touch on that under the head of malnutrition.

Three times a day is not enough for the needs of the growing, active, childish economy. Five times a day, that is, one feeding between the meals, will keep up the steam and allow nature to carry on her perfect work, whereas, a child allowed to become ravenously hungry between times will overeat and crowd the tiny stomach beyond the endurance point. Assimilation is not properly performed because mastication and digestion are hurried and improperly attended to by the overworked apparatus belonging thereto.

Malnutrition from the standpoint of food is a condition far too prevalent in this advanced age. I hope that I am not an alarmist, other than that of a would-be wise counsellor, but the ignorance of mothers concerning the food taken by their children is an alarming and important factor in the treatment of children's diseases. I am often shocked when my old-fashioned eyes see tiny youngsters with an olive bottle in one hand and a sausage can in the other, a box of ginger crackers and a bottle of coca cola bringing up

the rear, the layout being the between times lunch provided by the little one himself. I was blessed with an old-fashioned mother who said, "If you are hungry, home-made bread and butter will taste all right, and if you are not hungry you don't need anything." Believe me, I don't want to be behind the procession in this progressive day, but I do want to sound a note of warning whereby the mothers of our tomorrow's citizenry may profit and whereby that citizenry may be blessed with not only normal digestions but unperverted appetites and normal tastes.

Perhaps as this paper has progressed my listeners may have come to feel that it is more suited to a mother's meeting than to an assembly of physicians, but I have always held that the physician has a part to play in the home. His advice is listened to and his counsel heeded, and unless he is, in thought, providing himself with future possible cases of indigestion, gastro-intestinal neurasthenia, etc., the family physician stands as a wise counsellor and guardian of the public welfare.

I have not touched upon the pathology of childhood anemia; that occupies a field of its own. I do wish to call attention to the importance of blood analysis in the treatment of the diseases of childhood. I verily believe that many a case of tuberculosis has its origin in childhood anemia. The blood current is so thin, the different organs so poorly fed, and the general vitality is so low, that by and by a cold, an attack of measles, or other childish affection finds the system so reduced that the ever-anxious "T. B." finds a too ready nidus for his depredations.

I want to urge upon our profession a more careful study, a more rigid diagnosis, a more thoughtful analysis of all conditions relating to the treatment of childhood ailments. Too often, far too often, we are told that a lifelong tendency toward some fatal malady has followed one or more of the diseases popularly supposed to be the rightful heritage of childhood, and shall we not, as guardians of the future men and women of our country, take it to ourselves to warn, to educate, to anticipate, in order that our children of today shall become the strong, vigorous, untainted men and women of tomorrow?

DISCUSSION.

Dr. F. W. Abbott, Taunton, Mass.: I do not like to deviate from a well-nigh universal custom of mine and differ with Dr. Truax, but first I would like to see so scholarly and able a physician as Dr. Truax, as well as other Eclectic writers, drop the word anemia, which means lack of blood, and adopt the word oligemia, which means poverty of blood. Second, I disagree with Dr. Truax in regard to the statement that most children are underfed rather than overfed. I would change that to undernourished and overnourished. I feel that by improper feeding children are not sufficiently nourished. It is not what we take into our stomachs; it is what we digest Each case is a law unto itself; that the mother, under careful supervision of the physician, is the best judge that children should be fed to the extent of their digestive powers. These are mere suggestions, and I offer them for your thoughtful consideration.

Dr. Rowe, Buffalo, N. Y.: I merely want to call attention to one thought in that excellent paper, and that is in regard to food, not only of infants but

of adults. Has it ever occurred to you what an apple is? If I were to ask you what an apple is, how many would be able to make answer. If I were to ask what an ordinary potato is, what it contains, you would probably say water, sugar and starch. I want to call attention to the fact that mothers, as well as physicians are lacking in actual knowledge of food elements. It seems to me there is most emphatic need for work of some kind that will describe and go into the analysis of the ordinary articles of food consumed. I am told Dr. Harvey Wiley has a book on the constituents of some food products, but have never seen it. We ought to know what we are feeding our patients.

Dr. Davis: That is an excellent paper, but there is one point she did not bring out. This anemic condition that is seen in children and adults we sometimes are unable to relieve with food or medicine, but I have used the usual remedies in homeopathic doses with absolute results when I could not use the larger doses. The assimilation is not sufficient to make use of the larger dose, while the smaller one will work all right. I think infants are more often overfed than underfed, and older children not fed enough that they assimilate.

Dr. W. N. Mundy, Forest, O.: This paper is not on "Infant Feeding," but "Anemia of Childhood." So far as my experience is concerned, I find this comes not from lack of food but from improper food and unhygienic conditions and surroundings. When we take into consideration anemia of childhood, we find our social conditions have as much to do with it as food. Improper food is the most frequent cause; it does not provide for the child the proper amount of nourishment, especially when taken in connection with bad sleeping rooms, bad clothing and crowding in schools. Our curriculums in schools for little folks are very crowded. The social demands on the little people for public entertainments is too intense for the growing child. That is the most frequent cause, taking also into consideration the lack of attention to the diseases of childhood. Among the most frequent is rheumatism. This is of such a benign nature that the fact that the child has rheumatism is not known, and the mother dismisses it and the doctor as well by calling it "growing pains." This is one of the conditions we find in cases of anemia of childhood, and in order to correct that condition a correction of the entire regimen of that child's life must take place. Proper food, and plenty of it; proper clothing; plenty of outdoor exercise; these are essential to make a strong body. I remember many years ago a little one with what the doctors were pleased to call scrofula in the cervical glands. It had been taking restoratives without number. The mother, it seems, had lost three or four children with scarlatina, and this little one was left and she was treated like a houseplant. The air was hardly allowed to blow on her. I said to the mother, "I will not give this child much medicine, but let her run wild." She was allowed to run wild and fed milk and eggs and good, wholesome food, and the scrofulous glands left. These are problems that confront us in anemia.

Dr. W. F. Carson, Berlin Center, O.: Dr. Mundy has touched upon the points I wish to mention, but I want to emphasize one, however—the outdoor life. The Eastern doctors are prone to put their wives and children in silk and flannel and shut them up, while the Western doctors give them more freedom, and they can give us pointers on living. The last six months I have been with the tuberculous, and anemia is the first step towards tuberculosis. Ninety-five per cent. of the children have some tubercular taint, and you crowd them in the house, and the next thing the glands begin to swell and tuberculosis ensues.

Dr. Truax: I am more than pleased with the discussion aroused by this very humble effort, and I hold that that is the province of a paper in a society. Some of the suggestions are very good. I have always held that the physician is a missionary, first and last. It is our business to educate our people along the lines which these gentlemen have so ably brought out. I think I made a wrong use of the word "underfed;" it should have been "improper feeding." I have said that this paper might be better for a mothers' meeting than doctors', because we have not said a single word about remedies, but I guess food, fresh air and exercise would cover that. For seven years I have been preaching the gospel of a balanced ration. Our work along these lines consists of missionary work, and the whole thing may be summed up in the words, that along that line we have to make public sentiment.

FORTY YEARS IN THE CHILD BUSINESS AND STILL AT IT.

M. H. Waldron, M.D., Naugatuck, W. Va.

During the past half decade our educators and investigators in the fields of pedagogy and psychology have been striving to arouse parents, guardians and persons interested in the care of children to give more thought to the defective child. It is strange that, with the flood of literature on the subject of infant feeding today no one has thought to trace the subject back through literature and record, and the surprise at the revelation of the social problem involved in infant feeding is no greater than the surprise we felt at being discovered in a state of evolution when we thought we had evolved.

Children were so seldom spoken of in literature before the eighteenth century that it is only in medical treatises and in family letters that we know they existed. Here is my theory: "My baby is a perfect bundle of nerves," said one mother to another; "she is so sensitive she starts at the slightest sound; she only sleeps a few minutes at a time, and has to be walked or rocked to get her to sleep. She won't go to strangers, and I am a nervous wreck attending to her." "My baby hasn't a nerve in its body," replied the second mother. "I lay him in his crib, after he has nursed, and he goes right to sleep, or plays with his fingers."

Now the one baby has the same nerves as the other, but did they have the same care and nourishment? No; one mother was poorly fed, and the other well nourished. Many people speak of nerves as though they are the curse of the land and an especial affliction of Americans, whereas they are the most precious possession of the race. It is simply this: The young mother has no bread to eat that has or gives that histogenetic material to her child so that he can teeth properly and her nerves be kept in a quiet state. Babies lives are not estimated by dollars and cents, but in terms of a mother's love and hope.

I could mention ten different kind of American mothers, and nine of them be detrimental to the children they bear. If the young mother was taught how to eat, dress and sleep before she becomes a mother we would have more children to reach the age of twenty-one years. The Greeks paid

as particular attention to their young mothers as they did to their young soldiers.

The world at present knows it is simply this with the babies: A well-trained mother and good food are sufficient for healthy children; breast feeding, then, is sufficient to sustain the child. At the present time when nine-tenths of the mothers are diseased, we must think from grandfather to the present mother when looking at the child and advising her what to do for it. It is to think, think.

There is no substitute for mother's milk. You can come near, but it is not *it*. In my practice for forty-five years I have always at this season of the year cautioned mothers to be careful of what they eat. Seldom have I been called to treat the baby when the mother has followed my advice. It is simply this: Look after the mother and we will have less trouble with the child business.

In an early day the Indians lost no children. They were in the open air. There was no smoke, no dust. They got good food, no substitutes, all in the original state and simply cooked. Now you will go to a little two-shilling town and find a mother saying to her four-months-old cub: "Here, tootsey, have a little ice cream. Here, tootsey, suck a little of this watermelon; it won't hurt you." Then she will proceed to eat a lot of ice cream and a Georgia watermelon. And then: "Send for the doctor; baby has cholera morbus." Think, think, when you go to baby. The mother turned herself inside out at both ends through the night, and nursed baby all the time she was not engaged in getting rid of what was in her stomach and bowels. Think, always think.

NEPHRITIS AS A COMPLICATION OF INFLUENZA.

E. J. Latta, M.D., Kenesaw, Neb.

During the months of March and April of this year we have experienced an unusual number of cases of nephritis as a complication of "grippe." Nephritis in these cases is not uncommon, but is found in the more severe types. In the cases under observation the grippe symptoms were slight and many of them not requiring medical aid or causing the sufferer to cease from his usual occupation. These cases were found most frequently in young adults.

The advice of the physician was asked more for the relief of the nephritis than for the grippe. Among the most prominent symptoms is that of swelling of the face. The swelling seldom affected the hands and feet. In some cases these symptoms were all that was complained of. In others there were other symptoms, such as great muscular pain. This pain was most severe in the muscles of the neck and along the spine. In none of the cases did the temperature reach over 102.5°, and in many it did not reach normal. Albumin in all cases was abundant. In but one case was there hematuria, and this lasted but one or two days. The urine was diminished in quantity and low in specific gravity. Conjunctivitis was nearly always present. In a

few cases there was photophobia and a loss of vision. The tongue was heavily coated, furry and white, having the appearance of atony. Gastric glands inactive. Bowels at first constipated and followed later by diarrhea. Occasionally there was nausea, but in no case severe. There was always tenderness over the region of the kidney. Headache was not severe and associated with muscular pain. Nervous symptoms not usually affected, but the general tendency was toward dullness of intellect. The symptoms in general pointed to those of interstitial nephritis and ran a mild course with no fatalities. It differed from the afebrile variety, as the symptoms did not appear until after the cessation of the attack of grippe nor did they subside without medical treatment and diet.

The treatment in principle consisted in specific medication, rest and diet. These are named in relation to their importance. The medication was not in many respects alike, as each had its individuality and required peculiar attention, peculiar from the fact that the general chain of symptoms were so varied. Among the remedies used were piper, eryngium, erigeron, belladonna, macrotys, soda sulphite, sodium salicylate, etc. This, with absolute rest, milk and broth as a diet accomplished the desired results. The length of time in most of the cases was not more than three weeks.

Our object in calling attention to this complication is to call attention to the unusual frequency of it and the rapidity with which these cases recovered. To date there have been no unfavorable results from the malady or a return.

IMPORTANT REMEDIES IN GESTATION AND PARTURITION.

G. M. Hite, M.D., Nashville, Tenn.

I require my prospective mother patients to live mostly on a vegetable diet, eat wholesome fruits and especially three or four lemons a week in the latter months of pregnancy. Take baths as often as is conducive to their physical comfort—two or three a week—and in the latter two or three months of gestation rub the abdomen with sweet oil after each bath, which obviates soreness and is conducive to abdominal muscular strength, thereby facilitating parturition.

After delivery I invariably give the following in addition to whatever else may be indicated by special symptoms: ℞ Specific medicine aconite, gtts. iij; specific medicine cinnamon, ʒss to ʒj; fe. phos., 2x, grs. xx; chlorate of potash, grs. xx to xxx, to water, ℥iv. M. Teaspoonful every hour when awake. This I repeat for five days, thus preventing the usual nervousness by the aconite, the trauma by the fe. phos., insure against post-partum hemorrhage and subinvolution by the cinnamon, and puerperal septicemia by the chlorate of potash. For keeping the patient's parturient parts cleansed use borax, tablespoonful to hot water, one-half gallon, which is efficient and innocent.

SOME SURGICAL OPERATIONS I DID NOT PERFORM.

B. E. Dawson, M.D., Kansas City, Mo.

This title may seem somewhat unique as it is usually the operations we perform that are reported. If a surgeon gets good results from an operation, or performs one that is difficult, requiring much skill and delicate technique, it affords him keen delight to report it and behold the astonishment of his professional brethren.

I wish to report a few cases where I refused to operate and deprived myself of the fat fee that was temptingly before me. I have a two-fold reason for reporting these cases: First, I am sure many operations are performed that are needless; many a human body is mutilated by the surgeon's slash, that could have been cured without it, and I wish to slightly set the brakes on the surgical train of "Eager to get there;" to throw the anchor from the ship plunging madly in the storm of surgical rashness. Second, it affords me unfeigned pleasure to report these cases; I can look upon them with a clear conscience that I have mutilated, uselessly, no one's body. We can all relate cases of others, if not our own, where this was needlessly done. Before advising an operation I use this standard: I place myself, or one of my own family, in the place of the patient and then ask, would I advise an operation in this case? If I can conscientiously say, yes, then I do not hesitate. If every surgeon would use this standard it would greatly reduce the number of surgical operations and prove an untold blessing to the human family. I would not depreciate the value of surgery; I have performed most every operation, major and minor, with good results, but I am decrying needless surgery.

If there is one man above another who should have a good clear conscience, in good working order, clean and pure in life, it is the physician and surgeon. Any agent potent for good is usually more powerful for evil. Some of our most useful remedies are deadly poisons. The surgeon's knife that can save life can more easily destroy it. This is certainly true of the physician and surgeon.

Mrs. X. came to me with floating kidney. Four different practitioners had told her that nephropexy was the only chance for relief, and her family physician had refused to give her further treatment until she had the operation performed. The fee was arranged for, and only a few preliminaries lacking to complete all preparations for the operation. Her mother was present on this occasion and I noticed she was very corpulent. I asked the mother at what age she began taking on flesh. She replied, "thirty-five," just the age of the daughter, which at once flashed before me a sunbeam of hope that my patient could be relieved without an operation. I then turned to the daughter and asked her if she had gained any in flesh in the last few months. Her answer being in the affimative, my vision of hope enlarged. I requested her to return for another examination. When she returned, after the examination, I told her if she would take one month's treatment from a good osteopath I was sure she would not need an operation. I fur-

thermore told her that I would deduct his fee from mine in case I had to operate, in order to assure her I was not working her for a fee for both. I based my conclusions on the following line of reasoning: Nature anchors the kidney mainly by surrounding it with a bed of fat; this woman is now beginning to rapidly accumulate fat; proper massage can lift the kidney to its original bed, at the same time kneading the fat up against its lower border; after one month's treatment the kidney will be securely anchored in its original bed. She did as I advised and obtained the result I predicted. I lost my fee, but retained my clear conscience, which I prize above many fees. Furthermore, I look on this achievement with more pride and self-congratulation than had I performed the most brilliant operation and obtained the very best results.

Mrs. Y. came to me from southern Kansas to have an operation for floating kidney. Several months previous to this another surgeon had performed nephropexy, but the nephroptosis recurred before she was able to be up from the operation. This surgeon offered to do the work over without fee, but she refused. Examination revealed the right kidney to be nearly three inches distalward from its normal position; very mobile, but not painful. She suffered from a long train of symptoms which were diagnosed as reflex. Nearly all preliminaries, including the fee, were arranged for the operation. I observed that she was markedly tabetic and requested another examination before the operation. At the conclusion of this examination I informed her that she did not need the operation for the kidney; it was true her kidney was down, but was functionating well and caused her no trouble; she needed some orificial work which would not endanger her life as the nephropexy, would cost her only one-third, and make her feel like a new woman. She insisted on the major operation, as she believed the nephroptotic kidney was the cause of all her suffering. I would regard it as a criminal act, as it would greatly endanger her life, in her rundown condition, and do her no good. Her husband and brother finally persuaded her to take my advice. In a short time after returning home she wrote me, saying she was much better in every way and had gained fourteen pounds in weight.

How many surgeons would have refused to operate in this case? A surgeon who stands in the front rank, has a wide reputation, and is accepted as authority, had operated, and offered to repeat it. I do not ask this question in a spirit of egotism, but rather self-congratulation, and to raise a finger of caution. My fee was mutilated, but my conscience remains intact. By reading carefully these messages of reflex symptoms, I discovered that they were not sent out from the kidney, but from a station lower down the line; the kidney was only the scapegoat of all these distorted messages. With this new discovery, my conscience waved a flaming sword across the path to nephropexy, so that I dare not approach its sacred precincts.

Mrs. Z., the wife of a prominent business man in one of our interior towns, came to me with chronic appendicitis, expecting me to operate. By careful examination, the diagnosis of appendicitis was confirmed, but complications of weighty import were also made known. The general rundown

condition, swarthy skin, languid, cold feet, and a long train of neuroses, spelled nerve waste and poor circulation. I was sure I could stop the nerve waste and improve the blood stream by appealing to the sympathetic nerve, through the lower orifices of the body. If so, not only would the complications be relieved, but the appendicular pathology be removed. Again, my fee was cut, for appendectomy was surrounded by a prickly hedge that would scratch and lacerate my conscience if I tried to enter this enclosure. Again results were very gratifying, for in a few months she had been relieved of all suffering and has gained thirty pounds.

These cases could be multiplied, but these are sufficient to serve my purpose. The world is razzle-dazzled on surgery; it is time to call a halt.

DISCUSSION.

Dr. F. L. Wilmeth: I do not agree with the tone of the doctor's paper in one particular. It is assumed that we are reasonably well endowed with conscience, which may or may not be very active, but it is supposed that a reasonably careful examination is made, and I presume the doctor's experience has come to most of us—that we sometimes find cases where operation is not necessary. Personally, I am not very prone to criticize the other fellow. I may be as liable to mistakes as he is, and it seems to me that the doctor's paper was very much like mine, in that it did not apply particularly to the surgical section, but more to those who are making diagnosis.

Dr. Dawson: I do not care whether it is the section on surgery, or wherever you go, I want a conscience; whether I pick up a knife or prescribe a dose of calomel, I want to do it with a conscience. This paper is not out of order in the section on surgery or anywhere else. And I want to repeat that above all men that should be clean the physician and surgeon is that one.

THE HABIT-FORMING DRUG EVIL.

Brose Horne, M.D., Gas City, Ind.

"He who loves life as he finds it; who loves to battle with it in his love for his fellow-men—in his love for the idea, would never obscure it with alcohol, nor seek to hide his head beneath the sands of a cocaine dream."

Great reforms come about only by a slow process of evolution. The world is splattered with the blood of reformers, who have endeavored to benefit humanity. Ignorance and selfishness have prevented the truth from having its way. We can excuse ignorance—for through education and an enlightened public conscience can be created that will force justice to the front, but the most despicable element in human nature is selfishness, backed up, as is most always the case, by economic interests. Great wrongs are ever before us for correction. Where there are so many existing the larger and more dangerous must be attacked first, or at least should be. Let us then consider an issue of national importance.

If we make a careful survey of the whole situation—look into the innermost secrets—remove the mask—the conclusion must be reached that the *habit-forming drug addiction* has reached the most gigantic proportions, *and to humanity is more dangerous than all other evils combined.* Let us no

longer leave a minority school of medicine to fight this evil alone, or a suffering part of the public.

I claim that the habit-forming drug question is the greatest question before the world today. The traffic has reached such proportions that individuals whom we should expect the greatest support from frequently, upon close investigation, are found to be interested in this traffic. If we study criminology we discover the most revolting crimes have been committed by fiends who use cocaine, heroin and other habit-forming drugs. As an illustration: A young man in a certain Ohio city, who was addicted to the snuffing of "coke," killed two young women and then himself. A man under its influence met a child on a high bridge in Cincinnati and threw her over the railing into a gulley seventy feet below.

A stranger, in a strange city, walks into a bar-room to purchase something; a fellow standing near, who had never even seen the man before, pulls out a pistol and shoots the innocent man dead. It afterward developed that the man who did the shooting was under the influence of "coke" and he *imagined* the other fellow had attempted to stab him with a knife, while the evidence goes to prove that the innocent victim did not even have a pocket-knife on his person. This case illustrates how this drug causes imagination that may produce violence.

At Cleveland, Ohio, two young girls of good families—members of high society—became addicted to the snuffing of cocaine. In the end they would give up even their virtue to obtain the drug. At Fairmount, Indiana, a few years ago, a fellow shot the marshall of the town. Upon investigation it was discovered that the murderer was addicted to the snuffing of cocaine. Numerous instances could be cited showing the seriousness of the habit. A prominent speaker was observed snuffing "coke" in the toilet room of one of our high-class hotels. The habit has fastened itself, not alone upon the slums of society, but upon some of the most prominent people in public life. Many of the unexplained eccentricities observable in some persons can be attributed to the habit-forming drug evil. One of the most brilliant minds I ever met, whose friendship and companionship was an inspiration, became addicted to this terrible habit and became an imitation of Stevenson's "Dr. Jekyll and Mr. Hyde."

The time has arrived when the professions of medicine and pharmacy must unite with society to take control of the habit-forming drug evil. In dealing with this traffic the most accomplished and highly developed methods must be pursued in ferreting out and detecting those who are behind the traffic—for the cunning methods of the coke fiend and his associates are startling even to the most highly schooled secret service workers.

Drug addiction should be classed with other criminal wrongs. The victim is the most dangerous individual to the officers who must enforce law and order. The "coke fiend" and the "heroin fiend" are devils incarnate. The imagination may cause them to commit murder upon the slightest provocation. The imagination may cause them to attack their best friend or an innocent bystander. Intemperance and other questions need constant care,

but I say to you that the habit-forming drug question needs immediate attention. Chief in this is the distributor of the drug; he is the man who makes it possible.

The control of this traffic should be placed in the hands of the government, under the charge of someone like Chief John Wilkie of the United States Secret Service, and every one who is dealing in this traffic should be brought to justice. Someone may say that the publicity given this traffic would injure this or that profession by the exposure of a criminal member, but remember it is the *duty* of every organization, profession, business or labor, to detect these criminals in their own ranks and place them under restraint, so that they can no longer injure society.

The habit-forming drug traffic has become a serious menace to the public, and if the *mob* becomes habituated to its use, as they have to *alcohol,* and become imbued with the same frenzy, as they have in the past, the most revolting crimes may be written on the pages of our history. This traffic has developed an "underground" system to such an extent that the "fiends" that use the "dope" know just how and where they can obtain the drug. In case the drug stores and the physicians of the particular community refuse to prostitute their professions, others will serve the fiend. Take as an illustration: A very fine looking and pleasant woman arrives in a small city. She engages a room. Two men, strangers, visit her frequently. Those investigating, after gaining her confidence, and upon close observation, discover she has in her satchel different size packages of cocaine. These men take these packages to one part of the city; there they sell a 25-cent size. In another part a 50-cent size; and then they proceed to the red-light district, where they sell the dollar size. Many a wild-eyed, pinched-faced nervous fiend can be seen waiting for the human messenger who delivers the "snow" or "happy dust."

With an over-amount of highly developed nervous individuals, due, no doubt, to our strenuous mode of living; with impoverished nerve centers and restless minds eagerly searching for a panacea that will give them temporary contentment; and a class of men ever ready to prostitute their professions for commercial gain irrespective of the physical, mental and moral results, American society falls an apt victim. These conditions of society prove the great necessity of placing an "iron-clad" legal protection around all habit-forming drugs. We are informed by investigators that the use of cocaine among the intellectual classes is more concealed and is probably one of the most delusive addictions known. Many persons in certain circles begin with the use of cocaine to give them power and strength for certain particular acts or events. In literary circles, we are told, many writers use cocaine and show it in their writings. Thus, it has been asserted that cocaine is responsible for much of the smooth and flowing sentences, now characteristic of the magazine writing of this period.

It would shock the whole world if the true history of the habit-forming drug evil was laid bare. One celebrated writer tells us in confidence that "the brilliance of an imagination, or the restless play of a subtle fancy, are

attainable through cocaine, and sometimes in no other way." It is the *duty* of the druggists and physicians of this country, whom God has entrusted with such drugs, intended for the benefit of humanity, to cast commercialism aside and place such restrictions around these habit-forming drugs as to make it impossible for weak-minded individuals and the criminal classes to obtain the drug.

May I appeal to the *manhood* of those in power and ask them to join in a crusade that will arouse public sentiment to such an extent that this evil can be abolished? If this evil continues and the laity becomes as well acquainted with these habit-forming drugs as they are now with whiskey and beer, I say to you the race is lost. The traffic has even now reached such proportions in this country as to lead a public agitator against it to perceive that he treads positively on dangerous ground. Many a "wild theory" in politics, religion and science has been launched, at a period of great excitement among the people, by the brain of some fiend who was under the influence of "coke" and at the same time was able to deceive those about him. We can easily recognize the delirious brain of the whiskey-drinker, or the jolly, exaggerated and wagging tongue of the fellow with an over-amount of beer, but the sly, skulking fellow with his cocainism will slip by the most active observer unnoticed, and may occupy a "high chair" in the councils of society or government. *He is the one most to be feared, as a resister of the crusader.*

One investigator says: "Popular impressions are to the effect that the cocaine habit is confined to the laboring poor in the great cities, *but that is a great error.*" Those "high up" in society, fiction writers, public characters, etc., have been found upon secret investigation to show the effects of cocainism most completely. The recent investigation in some large cities, whereby the enormous illegitimate sale of cocaine (and other habit-forming drugs), was laid bare, and the various ways and means by which it is surreptitiously peddled, have created somewhat of a startling revelation to the public mind. Not so much from the fact itself, for that has long been known, but rather the knowledge of the depths of the depravity to which men stoop, and by men I do not mean the outcast or drunkard, for I want to state right here that such as those are known by every passerby. Brubaker exclaims, with some degree of truth, when he says: "Have you ever asked yourself the question, why is it that ministers, when they want to give their congregation an object lesson of the horrible example, always point to the poor alcoholic, when they *personally* know that they have sitting before them, on any Sabbath morning, men who distribute cocaine and are a hundredfold more dangerous to society and the community. And for what have some of the very type of men of which I here speak sold this cocaine—for what—*The Almighty Dollar.* For there can be no doubt but that this factor is largely responsible for the widespread use and abuse of cocaine (and other habit-forming drugs), in our cities."

Only a feeble effort has been made in the past to control this evil. The National Association of Pharmacologists and the National Association of

Retail Druggists have passed resolutions condemning the traffic and have taken an aggressive stand, and made some personal investigations that have resulted in much good. The Chicago Tribune has the following to say of the latter: "The National Association of Retail Druggists is the largest and most influential retail merchants' organization in the world. It has more than a thousand branches and has been signally influential in national and State legislation." As this organization, as well as the other mentioned, has taken the initiative in exposing and combatting "the habit-forming drug evil," it behooves other organizations, especially medical, and the dominant one in particular, which makes so much noise, to join in a crusade that stands out boldly before the world demanding immediate attention. The medical profession, of which I have the honor of being a member, should be willing and demand that some restrictions should be placed upon the prescription of *even the physicians* who prescribe habit-forming drugs. Because, sad as it may seem, the starting of the habit-forming drug evil was in the physician's office. So long as prescriptions are issued indiscriminately by physicians who are imbued with the spirit of commercialism, just so long will the habit-forming drug evil exist. The best class of physicians deplore the habitual prescribing by even physicians of these drugs. Therefore, an honest restriction and a public knowledge of just where and for what purpose these drugs are put in use would not be unfair nor unreasonable.

In one of the investigations of this evil, certain physicians were found to be prominent participants in the criminal procedure. Numberless physicians, however, prescribe these drugs in such a way and under such conditions, that the habit-forming evil never results. There is still another class of physicians who introduce very scientific and also clinical proof that these drugs are very seldom if ever needed. Of this school(the Eclectic), who for seventy-five years have crusaded against opium and such evils, a very eminent observer, of the opposite school, after investigating, declares that, "I am deliberately convinced that of all physicians that these practicians are the most sensible, the most scientific and best fitted to cope with the practical problems of everyday medical treatment. They are the most brilliant physicians I have ever known." As all classes of humanity have some members who develop criminal tendencies, it becomes necessary, from logical reasoning, that those *who are honest* should be trained and drilled in ferreting out the criminals in their own ranks; exposing them, and placing them under proper restrictions. Appreciating the powerful influences behind this traffic and the great difficulty in controlling it—I make this plea, trusting that future publicity given the subject will in time educate the people to such a point that they will arise and crush this evil that is sending the souls of young manhood and womanhood to degradation and death. Society, including the professions of medicine and pharmacy, will be held responsible in the summing up of things for the apparent neglect or failure to control the habit-forming drug evil.

CASES OF DYSTOCIA FOUND IN GENERAL PRACTICE.

G. O. Hulick, M.D., East St. Louis, Ill.

I wish to call attention to a few cases of labor that I have attended during the few years I have been in practice that are somewhat out of the ordinary. Not that they are cases that all obstetricians would not be called upon to attend, but, on the other hand, they are those cases we all will be compelled to handle some time and it is necessary they be handled in a way that the people can see we are not unfamiliar with the subject. Without attempting to give methods of diagnosis of the various conditions, I will immediately proceed with the cases in hand and give method of handling and the outcome of each case.

1. Mrs. C., xipara. December 31, 1904. Persistent occipito-posterior presentation. Patient weighing about 220 pounds; considerable laceration unrepaired from previous confinement, which, I think, was responsible for the malposition. Was called late in the case, dilatation was complete and the head already descended through the pelvis and pressing against the perineum. Effort at rotation was made, but without success, and delivery was quickly made spontaneously, causing almost a complete laceration which was repaired immediately, healing nicely.

2. Mrs. C., colored. January 27, 1907. Placenta previa. Was called to the case after another physician had been attending patient in hemorrhages for two weeks without attempting delivery. Found patient unconscious and almost completely exsanguinated. Gave hypodermic of strychnia and waited about an hour, when pulse was perceptible at the wrist again; then placed patient crosswise on bed, had a colored attendant administer an anesthetic, after I had first placed patient under its influence. I introduced my hand into the os, tearing away the border of the placenta, and found the child lying with its dorsum toward the posterior; immediately turned the child with occiput toward the anterior and applied one blade of the forceps, which had been previously prepared, while the hand was yet within the uterus, then removed the hand and applied the other blade. Delivery was quickly made and the placenta soon removed. Placed a large pad over the fundus and applied an abdominal binder very tightly over this. I do not know if this was of any value, but I felt with the patulous condition of the uterus that is always present in placenta previa cases that some extra pressure beside what the retracting womb would give would be an aid. Patient had a temperature for four days running about 101° F., but used no local treatment and in the usual time patient was out of bed. The child was delivered dead.

3. Mrs. C., same patient as Case 2. January 14, 1908. Lacked thirteen days of being one year later. Patient was normally delivered of a boy, weighing nine pounds. After waiting a few minutes, proceeded to deliver the placenta, but, after an hour's labor, decided it would be necessary to call help. Using a telephone that was in the house I called a friend of mine, and, when I told him what was the trouble, he said: "I will be there in a few minutes." It was only a few minutes until he was there, ready and

anxious to give any help necessary. After an anesthetic had been administered the placenta was removed in small pieces. No temperature developed after this case and patient and baby did well.

4. Mrs. M. March 4, 1908. Post partum eclampsia. Patient aged twenty-two years, primipara, had given evidence of kidney lesion since childhood. During the time of pregnancy developed general anasarca and was advised to take treatment, but persistently refused. Delivery was slow and was finally completed with the use of instruments. Within twenty minutes after delivery patient began with convulsions and nothing would quiet her. Gave hypodermic injections of gelsemium, lobelia, pilocarpine and inhalations of chloroform, but convulsions continued for nearly twenty hours, almost constant; patient being unconscious from time of delivery, finally passing into deep coma and dying thirty-six hours after delivery.

5. Mrs. A. March 16, 1908. While in attendance on this case was called to another and as soon as the case was terminated left the case in charge of the nurse, who, fortunately, was a trained nurse, and went to the other case. While the second case was in progress, and nearing completion, was called to the telephone and it was the trained nurse at the other case telling me that the patient was having a post partum hemorrhage. This was cheering news to me, being situated so I could not leave the case I was then attending. I told the nurse to get some fluid extract ergot and give the patient two teaspoonsful and then grasp the fundus through the abdominal walls and that I would come as quickly as I could. The case I was attending was terminated in about thirty minutes, and I did not remove the Kelley pad nor attempt to clean the patient up after the placenta was delivered, but left for the former patient's home. When I arrived the nurse had done nobly; the hemorrhage was stopped but the patient was very weak, having lost consciousness for a short time, but was in a fair condition when I arrived. I feel sure had there not have been a trained nurse in this case the patient would have died, for no ordinary attendant could have grasped the instructions over the telephone and have been able to execute them.

6. Mrs. S., primipara. October 24, 1908. Right mento-anterior presentation. Attempted and succeeded in producing a vertex presentation, or any way I thought I had, and was congratulating myself on succeeding. In about twenty minutes I made another examination, when lo! there was the same old face in presentation, and do what I would I could not bring down the occiput and make it stay down, so I concluded to deliver in the face presentation rather than do podalic version. The progress was slow and case was finally terminated with the use of forceps. There was a severe laceration which was repaired at once and healed nicely.

7. Mrs. W., iipara. February 23, 1909. Septicemia developed two days after delivery. This case was a normal one and sick only five hours, but, on the second day, the temperature was 104° F. and remained high for nearly two weeks. Used intrauterine irrigation, after a dull curettement had been done, with no apparent relief. Gave about eight injections of antistreptococcic serum; following the second injection the temperature de-

creased, but did not go to normal. Patient developed a septic pneumonia and died on the twenty-eighth day after delivery.

8. Mrs. C., primipara. April 7, 1911. Vertex presentation with a prolapsed hand and foot. In coming in contact with the foot, I thought it was a breech presentation with a prolapsed hand, but, after getting assistance and placing the patient under chloroform and after getting the hand within the womb, the position was found to be as stated at the beginning. Grasping the foot and making pressure on the head through the abdominal wall podalic version was soon produced and the patient soon delivered.

9. Mrs. S., primipara. December 8, 1911. Right mento-posterior presentation. Condition was not diagnosed until after the escape of the amniotic fluid. As soon as I diagnosed the condition I attempted to rotate the chin to the anterior, but could not do so. I then told the family what the conditions were and told them I must have help, which they were willing I should have. After the assistant arrived, patient was placed crosswise on the bed and chloroform administered. I was then able to rotate the chin to the anterior and applied the forceps, but, before traction was made, I made examination and found while I was getting the forceps and applying them the chin had again assumed the posterior position; the forceps were removed and all done over again with the same result. After three attempts I gave up that method. Then I forced the head back and brought down the occiput and applied the forceps. After a slight amount of traction the forceps were found to be slipping and were removed and re-applied with the same result, and the same procedure was gone through with again with the same result. By this time an hour had been consumed and the assistant saw I was getting very tired, so he suggested that I give the anesthetic and he do the delivering, to which I readily agreed. I told him to do a podalic version, which he started to do immediately but did not do immediately, for the pelvis was so small it was nearly impossible to get the hand within the womb; when the hand was finally introduced it was almost impossible to grasp a foot, but, after repeated efforts, it was finally accomplished and then with traction on the foot and counter pressure on the body through the abdominal wall version was accomplished and delivery soon established.

A CASE OF HEMATOTHORAX.

Florence Tippett Truax, M.D., Atlanta, Ga.

The latter part of January, the 30th to be exact, the writer was forced, in the absence of her husband, to assume charge of a complicated hospital obstetrical case which had occurred unexpectedly. The unwonted exertion, mental and physical, and the going up and down stairs, brought up a temperature which is at all times somnolent and ready to rise upon slightest provocation. A restless night ensued and at 3 A.M. nausea and vomiting set in, followed by a slight pulmonary hemorrhage. Added to the usual hemostatic remedies, rest in bed was the only line of treatment to be observed.

After a week's rest, in which time equilibrium seemed to be pretty well restored, the patient got up, and, upon dressing, found a very decided bulging in the lower right pulmonary area. This was so pronounced that the clothing ordinarily worn could not be fastened, and, upon closer investigation, two ribs were found to be displaced outward. There was some fluctuation in the intercostal spaces and the entire contour of the locality changed in shape and size.

In a few days sharp pains began to radiate through the region. Strange to say, the pain was less upon motion and in the upright position and greater when quiet and upon resuming recumbence. In a week the bulging had increased. Slight chills occurred and an erratic temperature began to come and go.

A pulmonary specialist called in consultation diagnosed pulmonary emphysema, empyema, or possibly hydrothorax. Anyhow, the pleural cavity was occupied, though the patient suggested that it was certainly one thing —"an aching void."

As the condition did not yield to antipyretic and antiseptic remedies, aspiration was next in order. Because of the already lowered vitality of the patient and the presence of an organic heart lesion, it was deemed best to avoid shock as much as possible.

On Sunday, February 11, one of our leading surgeons came in consultation with the specialist aforementioned. He was extremely doubtful as to there being anything except the presence of emphysema. However, preparations were made for a minor surgical operation, and when the aspirating needle was withdrawn, instead of water or pus, the needle was found filled with blood, dark, grumous and thick. So the surface was cleansed, painted with iodine, sprayed with ethyl chloride and an incision, one and a half inches long, was made in the sixth intercostal space, posteriorly and laterally. Trocar and canula were made ready in case there was a call for their use, but, after the incision, a sterile glass drainage tube was placed in the opening and the patient placed in a position to favor gravitation to the desired locality. In a very few minutes drainage began and the blood flowed slowly, though steadily, into the basin, clotting, however, as fast as it reached the basin. This process continued until over 800 c.c. of black, clotted blood was removed, the last being serous in quality. There were flocculi and shreds among the clots and microscopic examination later on showed the presence of streptococci, staphylococci and some pus cells already forming. The entire mass coagulated at once and was a jelly-like mass, retaining the shape of the round basin perfectly.

The wound was dressed and the patient, who was in a state of collapse, made as comfortable as possible. There was some temperature and a persistent cyanosis for some days. About the third day a hard chill, followed by temperature of 102° F., gave cause for fearing that there was a reaccumulation of fluid. But, because of the great exhaustion, it was thought best not to submit her to a second operation if it could by any means be avoided. So the entire chest was strapped with wide adhesive strips after

the patient had emptied the lungs of air as much as possible. Normal salt solution, 800 c.c., and three injections of 100 c.c. each anti-streptococcic serum administered in the hope of forestalling pus formation. The temperature dropped and did not again reach 101.5° F. The patient made a slow recovery. The ribs are still displaced, never having returned to exactly the normal position. Over-exertion brings on stitch-like pains in the affected region, but there has been no absolute sign of a return of the trouble.

Questions: Did a part of the pulmonary hemorrhage escape into the pleural cavity and there remain until the warning chill and rise of temperature gave notice of a breaking down of the blood? What would have been the probable result had not the effusion been removed at this particular time? Were the flocculi and pus cells in the blood at the time of its escape into the cavity, or were they the results of a natural depravation going on to complete decay?

DISCUSSION.

Dr. F. L. Wilmeth: I think the doctor really has the subject pretty well in hand, and I think the infection occurring might have been from the blood stream from other parts, and that the operation was necessary and assisted materially in relieving the patient. I have no doubt from the description she gave that the patient would have died otherwise.

Dr. L. E. Russell: It would have been good surgery to have excised a part of the rib and allowed free drainage, getting much quicker response, draining it at once, and then afterwards washing out the cavity with normal salt solution. The patient would have made a more permanent and speedy recovery. One great danger in doing this operation in the thorax is that the incision is too small and drainage is insufficient. It is much better to take out a good section of the rib, allowing very free drainage, so you can insert gauze into the thoracic cavity. Treat it like you would any abscess. Lots of these cases are precursors of tuberculosis. Open it thoroughly, get the gauze in there, and you will head off tuberculosis, you will strengthen your patient and make recovery more certain.

Subcutaneous Injections of Sea Water in Gastro-Enteritis in Children.

In 1905 Mace and Quinton made a series of investigations of the effect of sterilized sea water and found it superior to normal salt solution for subcutaneous injections in infants. They have since employed this method in different forms of enteritis in infants and have obtained remarkable results; in fact, they claim that this treatment restores the digestive function within two hours after the first injection, so that milk can be given immediately. Whatever the form of the enteritis, water is given *ad libitum* between feedings. In simple diarrhea from 30 to 100 cc. is injected two or three times a week; in intestinal indigestion they inject from 10 to 30 cc. a week, and in choleriform enteritis injections are made twice daily in amounts of from 200 to 300 cc. The children gain in weight from the start, and rapidly, although the stools become normal only after long-continued treatment. No ill effects have been observed in any case. Further researches—possibly into the chemistry of sea water—would be interesting, as well as a more detailed account of the technique.—*La Tribune Medicale.*

The National Eclectic Medical Association

QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
FOREST, HARDIN COUNTY, OHIO.

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OUR NATIONAL.

This meeting, which takes place in Dallas, Texas, June 19 and 20, will be an excellent one and more than well worth your time and money to be in attendance. At this time and place will occur all the meetings of all the different departments of the Eclectic school of medicine, and a most excellent program has been arranged for the education and refreshment of the minds and bodies of its members. Every department of the doctor's work has been well prepared for your benefit, and the Texas profession have made proper arrangements to entertain their distinguished guests. Railroad facilities have been provided by the committee on arrangements and special rates have been secured.

The bureau work has been entrusted to the leaders in these various departments in the National, and you will need only to consult your program to advise yourself that were these great characters the sole members of the department your time could not be so well spent at any of our schools of instruction, as none of them have all these powerful men of the profession, while here at Dallas they will be gathered together to assist you and me to the best that the world has to-day to offer for the alleviation of disease. The preparations for this great meeting has been on for many years, as never before has the National Eclectic Medical Association presented to those in attendance so many national characters on its program, all of whom will be in attendance and take active part in its conduct, as they have in the assembling of the various departments. All of them are men with whom we have been acquainted in and through our medical literature for many years, and whom you now have this excellent opportunity to meet personally and consult as freely as though they were your family physician. They have been leaders of the profession in the departments for which they were chosen for many years and have now cheerfully taken the work that has been

assigned to them for the benefit of the profession whose real work has become more dear to them as the years have marked its progress.

Already we note our advancement and growth through adversity. New York, that great State, we cannot say first or second to any, will send to this meeting the largest number of members in good standing with its societies we have ever had. Down from Maine will come the representatives of our school to assist and partake; from far-off California and Oregon will march others, equally interested and loyal. Those from the middle, north and east are asked to come together by way of Cincinnati and St. Louis, while the west and north is invited by Chicago, St. Louis, Kansas City and Oklahoma, to partake of their hospitality on these various ways to Dallas, Texas. And Texas certainly has sent word of a royal welcome, while the whole Southland is joining their sister state in its entertainment to those who come within her gates. Everything will be prepared for the advantage, comfort and enjoyment of the meeting of these really great men of our profession and with the royally great Southern hosts and hostesses.

Hoping to meet you at Dallas, Tex., June 19, 1913, and trusting all is well with you and yours, I remain,

Very truly and fraternally,

F. L. WILMETH, M.D., *President, N. E. M. A.*

ORGANIZATION.

Disasters, fire, floods, tornadoes, epidemic sickness and other misfortunes which are visted upon the human family at times, in great part, are not the result of Divine displeasure, but they are with few exceptions the result of the shortsightedness of the race.

To live in a desert, to have a habitation on a hill, or to rest peacefully in the valley, protected from the heat of the desert and the winds which sweep the hill, each has some peculiar advantage. But the sand storms and terrific heat, the high winds or tornadoes, the raging floods, are parts of the workings of the elements which have held us in fear since civilization began.

The wisdom of man is seen in the success following his efforts; his prescience, however, will be questioned when he makes conditions which look to his destruction.

From the recent disasters in the nature of floods, which visited their destruction to the fair lands of Ohio and Indiana in particular, may we not draw some lessons of practical value to be applied to the work in hand? The acumen which makes for business success should dominate every avenue reaching to the physician's work, his life and his perpetuity.

It is an old story that we should be, ought to be, and intend to be, organized for the protection of existing privileges and rights, for the perpetuation of the principles of American institutions, and the development of all the good to come from free, untrammelled, unrestricted and undominated thought and betterment of the people.

If we cut away the forests which protect from tornadoes and floods, if

we allow the desert to remain unwatered, if we are domiciled on a hill and simply look down on the activity of the undermining efforts of the destruction directed against us, should we complain if at last we suffer disaster?

Reforestization, better protection from the terrible wind and waters, well constructed waterways, in short, due recognition of the shameful destruction by the hand of man himself and adequate regard for the laws of the elements will, in the future, afford protection; but to lie supinely and ask for direction and aid at the hands of the Almighty, whom we wholly diregard except when in danger, will be only to await further disaster and court destruction.

Man's mistakes are expensive. Yes; but shall we not prefer to profit thereby rather than repeat the thing we know to be disastrous and to cause the entire country to suffer through sympathy and liberal generosity?

Now as to ourselves: For years the attitude of the political man has been to look out for himself alone. The medico-political situation has been dominated by the same spirit, with the added factor of intolerance.

In some measure we have awakened to the disaster which the clouds and threatenings of nearly a century have foreboded.

Yet there is an abundant evidence of protection being needed against the systematic and determined efforts to limit the practice of medicine to one school only.

Medical nihilism has brought into existence many cults and practices, some not without a show of worthiness, but the exactions of laws, the agitation of the medical world by the growing interferences with American rights, the continued intolerance toward all but the dominant school of medical practice are not directed against these, but against legally qualified medical practitioners, who come from colleges of standing, the best of which have consistently and scrupulously met all the growing demands for their betterment. To those who are idly looking on, resting in the balmy sunshine of fancied security, I would appeal. You have but to look at the fate of one of our best and most successful colleges to see what your fate will be when the men who engineer this movement get to you.

The fate of the college to which I refer was not the result of lack of resistance, lack of loyalty or fault on the part of the college management, but the result of a persistent antagonism, couched in all the seeming courtesy of men in power, through the thin veil of which is seen the devilish purpose to put our colleges out of business by fair means or foul.

What has been may be again. Oppression, self-seeking interests, the exploitation of the many by a few will continue, if it exists, or develop where selfish ends are to be served. There is but one way to avoid the consequences of such a state of affairs and this lies with the common people. When the public becomes aroused to the injustice of such work, when the people see the menace to liberty in laws or the interpretation of laws permitting the rights of others to be ignored, then, and only then, can a class, an organization or a part of the people get a hearing.

With this discouraging incident fresh in mind we should not look idly on "until our enemies have bound us hand and foot," but we should rally and reinforce our lines. Our organization should be made more perfect. Our State societies should become aggressive. Each State should make it a serious duty to elect active, willing and loyal men to places in their State societies. Each State society should demand that the representative on the State boards of health or State examining boards should not only be a nominal member of the State society but should be true-blue, loyal and ever alert to the interests of those he has the honor to represent.

No man should be chosen for a State society official who is simply "a good fellow." I want to assure you that it takes more than such a man to attend to the needs of any organization, much more a State medical society, in this year of 1913.

Many men are good enough, successful enough, in truth the success of most of our men make them have a feeling of false security, a feeling that they are capable of taking care of themselves, and no man is more insecure than the fellow who is "cock sure."

The National Association is strong and healthy and of influence when the State societies are so. The National is simply what the State societies make it. It is the general body to which is taken all questions relating to the welfare of the whole.

Personal success, according to the first law of nature, is necessary, or at least desirable, and we find much to commend in the successful man. Eclectics, as such, are, as a rule, very successful practitioners of medicine and many are leaders among men in their respective communities and States. The students and research workers of our school have given much to the scientific medical world. We are not barnacles on the great ship of medical thought and work; we have not accepted good from all sources and given nothing in return; we have a record that will afford for us a very honorable mention in the history of medicine.

But our colleges have a work to do. Our leaders have yet much to offer to the sum of practical attainment. They should have and must have the support of those whose sympathies are with them. To do this we must not allow a single loyal Eclectic to remain outside of the organizations representing our interests.

The storms of opposition are yet directing their combined and organized influence against us. What affects one section affects all. The mighty road roller has been pushed along until we have had a recent exhibition of the work it is directed to accomplish.

Some of these matters will have attention and demand serious consideration at the coming meeting at Dallas, Tex. Will you come and aid in wisely meeting the needs of the hour? There is nothing so well calculated to put us on our mettle, make us fight and rise to do our best as opposition. Men grow strong in overcoming. With nothing to oppose us we become neg-

lectful, our energies are all directed into channels where there is less resistance or more pleasure.

We must awaken to the fact that when the machinery of the State is directed against a cause there must be loyalty, ways and means, earnest and untiring effort to overcome the ill-effects of such misdirected power.

Those of us who know the history of the rise of the republic of the United States; those who remember the struggles and success of the early reformers in medicine; those who sat at the feet of King, Howe, Scudder, and all the earnest, loyal and self-sacrificing men who made our beloved *alma mater* and the later Eclectic colleges a possibility, know full well that theirs was a warfare which developed in all these men an ability, aggressiveness and loyalty which grew apace and knew no such word as fail.

Today the need is as urgent, the requirement for organized effort and support are as necessary and the cause as great as ever before in the history of liberal medicine.

As yet but one State society has held its 1913 session. The report from it would suggest that adversity, instead of disorganizing, has made one of the best meetings of years, and we may rest assured that no mistakes were made in the selection of officers made of the stuff that will meet the exactions laid upon them.

Let this sink into all of our men. Let every State society come up to the National with a solid front and additional membership and roster of officers that will insure active, hearty and cheerful co-operation to meet any and all demands arising from any quarter. BEST.

The association year is rapidly drawing to a close and this is the last opportunity to reach the members of the various State societies and particularly the officers through the QUARTERLY.

It is desirable that the reports of the annual State meetings be in the hands of the National secretary at as early a date as possible.

These reports should include the total membership; number of delinquents; the roster of officers for the ensuing year; the time and place of next annual meeting, when such has been selected, and any statement of the needs or general conditions.

The 1913 annual meeting has been held in New York, and we hope it may be an index of the character of all State society meetings to come between now and the meeting of the National at Dallas.

Kindly send all reports to the National secretary. Our accounts and reports are much confused by some who persist in reporting to the treasurer. *Make checks payable to the Treasurer,* but send both report and check direct to the secretary. No report should be later than one week after the time of the meeting, and in most cases that much delay is unnecessary. B.

THE CARNEGIE FOUNDATION.

The *Journal of the American Medical Association,* March 8, 1912, contains a chapter on "Medical Progress," by Henry S. Pritchett. It will appear in his annual report to the trustees of the Foundation.

This chapter contains a survey of the work already accomplished and also some severe strictures on medical schools and universities, even personal. As we read the chapter we were struck with the boldness of speech and particularly so of some parts of it. The one fact that impresses us most is that the millions of the "Steel King" have combined with the Medical Council of the American Medical Association to throttle all medical schools not willing to step to their music. It frankly says "money" is the only consideration, and that within a few years no school will remain in Class A which is not a true university school with paid professors in clinical branches, full laboratory facilities and right hospital relations. Paid laboratory instructors commend themselves, but a full-time paid clinical instructor can not be a successful teacher. Clinical medicine cannot be learned by any "rule of thumb," but must be studied at the bedside, and practical, personal experience, can only be the means of making a successful clinical teacher. He cannot be ground out of a school ready made, no matter how many years he may attend. Moreover, he says: "For the present these efforts are directed to the elimination of unnecessary schools, to the abrogation of all *sectarian privileges,* to the improvement of the student body as fast as local conditions permit, and to the replacement of proprietary establishments by adequately equipped and *financed university departments* in whose conduct *educational* and *scientific* rather than *professional* motives are emphasized. Thus boldly is the challenge made. Those schools unfortunate enough to be not possessed of abundant financial means must go, and none need apply unless it fulfills all the demands of this self-appointed, self-constituted censor of educational matters in the United States. The dollars of the "Steel King" have been used for the purpose of dictating what shall and what shall not be taught in our literary colleges. In order to be a beneficiary of this foundation schools must submit to its dictum, and now this colossal fortune is to dictate our medical course, and by reason of its "continuing ability" purposes to pursue its work steadily not only in the field of medicine, but in dentistry and pharmacy. In other words, not content with the elimination of competition in steel, the elimination of the teaching of the word of God in denominational colleges, it is now proposed that it shall be used to dictate what shall and what shall not be taught in professional schools of every description, and it is only fair to assume it will soon dictate the style of theology taught. No longer is Cotton or Corn king, but Money is king and a big one. It ignores law, order and morality with impunity, and in its presence even that document we love to quote so much, "the Declaration of Independence," becomes a farce, a joke, and a meaningless jumble of words. Money is the only thing desired. I am neither a Socialist nor a pessimist, but I am firmly of the opinion that we have become money-mad, and that

our institutions of learning are too willing to barter traditions and principles for money. It is often said that the minority have rights which the majority are legally bound to respect, but this does not hold true in the presence of dollars. Manhood, character, principles, all submit to the domination of money. Even some of our denominational schools are willing to submit and serve Mammon rather than God. It is certainly humiliating that men will tamely submit to aspersions cast upon their motives by this self-constituted censor of all things educational, whose only authority is the money which supports it, even assuming authority to dictate terms in channels in which they have no knowledge. The question arises, will men always quietly submit to this unwarranted dictation. Is there no redress? There are many places in Pennsylvania where this money could be more profitably spent for the uplifting of mankind, physically, morally and socially, and not a thousand miles from Pittsburg. M.

PHYSICIANS VS. LIFE INSURANCE AGENTS.

We read so much in our journals regarding the duties of physicians to life insurance companies and ther relations to them, we have often wondered why some one has not taken up the cudgel in defense of the physician. In all the articles we have read the impression is conveyed that the burden is all on the physician or examiner and he alone is guilty of errors and wrong doing. Never have we read a line on the errors of agents or of the company. My personal experience as an examiner for several companies, both old line and fraternal, has not served to favorably impress me with their unwonted fidelity and honesty.

I desire to recite some of my personal experiences with agents and then allow you to form your own opinion of the methods employed. As a rule, these men are well dressed and suave in manner and address. They approach you and tell of the large amount they will write and will appoint you as the examiner, provided you will take a policy with them. This is the rule, not the exception. An agent such as described walked in my office, representing one of the strongest companies in the United States, and stated they wished to change examiners, and would appoint me provided I would take a $1,000 policy. I informed the gentleman I had a $3,000 poli in the com which I had paid but one premium and desired no more. He secured a young physician as examiner, who took the policy, but allowed it to lapse. Frequently they urge you to make examinations at inopportune times, or even drive in the country, often for less than you would receive for an ordinary call at the same distance. They break in upon your office hours and demand immediate attention, even though patients be waiting in the reception room. If their demands are not acceded to, a change in examiner results. I have known the examiner to be questioned regarding certain prospective risks and when an unfavorable reply was given, the risk be taken to an adjoining town, examined and passed. In such an instance the agent, no doubt

was working in the interests of the company (?). It was the fee he was after, not the protection of the company.

In fraternal insurance the examination by a physician counts for naught. I have frequently known risks to be accepted even though the examiner gave an unfavorable opinion when such was endorsed by the organizer, who is usually a total stranger and paid a royalty.

In brief, one must buy the appointment of examiner by taking a policy. It is not always the best mentally equipped physician who receives the appointment, nor does honesty count, but it is he who accepts the bribe or does the will of the agent. My own view has always been that the physician is paid by the company to safeguard it against bad risks. Yet, if he does this with rigid honesty, the agent soon sees to it that he is supplanted by one who will do his bidding. Life insurance is so energetically pushed and the methods used in the payment of agents by many companies lead to this unfortunate state of affairs, and any physician who holds in esteem his own self-respect and honor will not lend himself to any such proposition nor listen to the inducements and blandishments of agents. He stultifies himself when at the request of an agent he purposely evades a bad family history or overlooks an incipient tuberculosis, or omits giving an honest reply to the question as to previous health. The physician is not to blame for this, as I have previously said, but there is a collusion between the agent and some physicians, both of whom are willing to stultify themselves for the paltry fee involved.

Let the companies see to the honesty and integrity of the agents. Evolve a better plan for the selection of examiners than now prevails and there will be no cause to complain of the examining physician. M.

CANCER AND THE COCKROACH.

The *Lancet,* for February 1, 1913, draws attention to the fact that two investigators have come to the conclusion that there is some connection between cockroaches and cancer. In March, 1911, the *Lancet* received a communication from Dr. W. Melville-Davison, in which the latter maintained that cancer is caused by the introduction into the body in various ways of a certain species of alga, filaments of which are found in large numbers in the bowel of several varieties of cockroach, and that infection is caused by linen or food soiled by the insect. Recently newspapers have reported that Professor Febiger, of Copenhagen, is of the opinion that a worm in the rat passes its larval stage in the intestine of the cockroach; the rat eats the cockroach and cancerous swellings develop. The *Lancet* notes the coincidence of two observers, independently and in different countries, thus incriminating the cockroach as a cancer spreader, but states that before a verdict of guilty can be brought in against the insect a good deal more evidence will have to be attached."—*New York Medical Journal,* February 15, 1913.

The above would not hold true in this locality. Cancer is common, the cockroach uncommon; in fact, an almost unknown insect. The prevalence of cancer in rural districts, where the cockroach is absolutely unknown, would tend to disprove the above. My personal experience is, the cockroach

is an insect of civilization and is common where the conveniences of cities are found, such as a water supply, closets, etc., and is uncommon in rural sections. M.

THE DECLINE IN PRESCRIBING.

"In an address before the Philadelphia branch of the American Pharmaceutical Association, Dr. Henry Beates, president of the Pennsylvania Medical Examining Board, said that one reason why the druggists receive few prescriptions for galenical preparations is that physicians do not know how to formulate prescriptions, that they are ignorant of the exact therapeutic action of drugs, owing to defects in their educational training. Doctor Beates has had an extensive experience in the examination of candidates for registration as physicians, and his conclusions are, therefore, entitled to grave consideration. It is this ignorance of the exact action of drugs that has, in Dr. Beates's opinion, caused the medical profession to resort to so large an extent to ready-made mixtures. According to this critic, even when a physician prescribes a drug he rarely knows exactly how it acts, but notes only that the patient gets better or worse. This is a very severe arraignment of the present day curriculum, but it is one for which we fear there is more than a modicum of justification. Not that the teaching of materia medica is less efficient than i was twenty-five years ago, but this branch has been overshadowed by the increased attention paid to pathology, diagnosis, and other branches of the curriculum. Indeed, pharmacology has introduced a degree of exactitude in the study of therapeutic action not dreamed of a quarter of a century ago, but this is of the laboratory type, and the powers of clinical observation have not been correspondingly cultivated in the student. In many schools the tendency toward drugless therapy is reflected in the relegation of the study of materia medica to a less important plane than it is entitled to. We hope that Dr. Beates' criticism may prove stimulating to the schools that have fallen into this error.

"That Dr. Beates's criticism of the lack of instruction in materia medica and therapeutics is justified, is shown by reference to the curriculum approved by the Association of American Medical Colleges, which provides only 240 hours for the study of pharmacology, materia medica, and therapeutics out of a total of 4,000 hours of required instruction, or only 6 per cent. of the whole. For therapeutics as such the curriculum provides only fifty-five hours, the remainder of the 240 hours in this division being devoted to pharmacology and materia medica. This certainly seems an inadequate proportion of time to devote to the important study of treatment." —*Editorial New York Medical Journal,* March, 8, 1913.

The above is interesting at the present time by reason of the insistent demands of Medical Councils and Examining Boards for enlarging of the so-called scientific or fundamental branches of medicines. The demands of these branches upon the time of the student and the wonderful advances of surgery are responsible for the condition complained of. Sur-

gery appears to make one a therapeutic nihilist. Yet I cannot see why. I can recall men who, as general practitioners, were successful prescribers and appeared to have unlimited faith in remedies, yet after drifting into surgery, loudly proclaim there is nothing in medicine. Why this change of heart? At which time were they consistent? Possibly there is a grain of truth in each. True, medicine is not an exact science, and I have lived long enough to see many changes and many heralded panaceas fail and be forgotten. Serum therapy at present has the floor and it appears to be only a return to the Chinese method of 2,000 B. C. Does it strike one as scientific to administer the serum of fetal secretions to a woman in the throes of labor? Is it even refined? In the Cincinnati *Enquirer,* of March 18, is an article from Dr. Kramer charging Flexner's serum as being responsible for several deaths when administered in cerebro-spinal meningitis. Yet this is heresy to so charge it, because this is *scientific medicine* and we are compelled by legislative enactment and the dictum of the Carnegie Foundation to study scientific medicine, no matter how fallacious it is nor how revolting.

Personal clinical experience counts for naught; we must use only those things passed upon by laboratory experts, even though they know nothing of medicine practically. Right here we desire to call attention to an editorial in *The Hahnemannian Monthly,* entitled "The Most Commonly Used Drugs." The investigation was carried on by Professor Lloyd, who addressed a number of old school physicians and secured from them lists of the vegetable drugs they most frequently used. The inquiries were sent to thirty thousand physicians throughout the United States, all graduates of well-established colleges. Ten thousand replies were received. Cactus, which received the greatest number of votes, is said by the Council of Pharmacy to be useless. The same was equally true of echinacea. Without action, according to our self-appointed censors, yet more than half of the replies placed it at the head of the list. The fact is, that many of the drugs pronounced inert by this Council are used by the largest number of practicing physicians. The question naturally arises, is the practicing physician in error? Does he not know? Is he an ignoramus? Does all knowledge lie within the gates of this self-constituted authority? There might be a modicum of truth in each. The poisonous action of a remedy differs from the remedial action. Artificial conditions produced in animals by the injection of toxins differ from the disease as seen in clinical experience. Laboratory specialists are too theoretical and autocratic. They lack practical experience, and every practicing physician can recall without an effort errors in diagnosis made by them as well as does the pathologist recall those of the clinician.

We need a balanced curriculum. We need physicians, not theorists. The result of the present-day teaching is that the physician thrown upon his own resources when he leaves school resorts to the ready-made preparations of the pharmacists and becomes an automaton; ceases to think thera-

peutically; practices medicine automatically. He is meat and drink for the detail man. In my own section they resort to Eclecticism for relief, and I find in every old school physician's office, Eclectic works on practice and our old school friends are using this system of therapeutics. We are told we as a system have nothing to offer and ought to cease to exist (*Journal A. M. A.*, February 1). We have much to offer. All that we claim is a *sane system* of therapeutics. We make no other claim. Allopathy does not offer any relief. Your graduates from sheer necessity are forced to practice the system we offer, even though they do not proclaim it, and even some of your teachers are guided by its teachings. Rational therapeutics is not taught in the leading allopathic schools, even the applicant for license is not examined in some States in materia medica and therapeutics, a knowledge of which is so essential to success in practice. Is it any wonder the people turn to the patents and proprietaries for relief? Is it any wonder physicians prescribe them? Is it any wonder all methods of drugless healing flourish?

No, indeed; the usefulness of neither the therapeutist, the family physician, nor clinician is not ended, nor will it be until the fadism permeating the regular profession has ceased and therapeutics is based upon a more tenable, reasonable basis. M.

ORGANIZATION.

In studying the question of the necessity for better and closer organization of our schools of medicine, it will be necessary to make comparisons, and for that purpose I have prepared the following tables:

STATISTICS OF PHYSICIANS.

States	Total (1) Physicians	(1) Allopaths	(2) Homeopaths	(3) Eclectics	(4) Osteopaths	(5) Unclassified
Alabama	2,418	2,332	12	50	12	24
Arizona	247	227	14	4	4	2
Arkansas	2,596	2,505	36	30	23	25
California	4,796	3,967	408	374	432	47
Colorado	1,772	1,516	171	68	127	17
Connecticut	1,564	1,315	151	83	25	15
Delaware	246	205	33	6	2	2
Dist. of Columbia	1,350	1,250	78	9	23	13
Florida	974	908	30	27	20	9
Georgia	3,022	2,633	25	334	47	30
Idaho	420	374	17	25	40	4
Illinois	9,988	8,094	1,112	683	336	99
Indiana	4,984	4,077	297	557	82	49
Iowa	3,653	3,005	387	225	136	36
Kansas	2,688	2,155	208	299	152	26
Kentucky	3,601	3,301	134	130	64	36
Louisiana	1,930	1,857	30	24	15	19
Maine	1,176	1,045	97	23	18	11
Maryland	1,972	1,800	141	12	14	19
Massachusetts	5,648	4,858	635	99	160	56
Michigan	4,104	3,243	582	238	123	41
Minnesota	2,262	1,987	196	57	106	22
Mississippi	2,009	1,960	3	26	20	20
Missouri	6,037	5,114	319	544	296	60

States	Total (1) Physicians	(1) Allopaths	(2) Homeopaths	(3) Eclectics	(4) Osteopaths	(5) Unclassified
Montana	512	485	25	7	40	5
Nebraska	1,796	1,349	126	304	101	17
Nevada	144	131	5	6	5	2
New Hampshire	704	614	64	19	9	7
New Jersey	2,884	2,456	345	55	125	28
New Mexico	430	395	18	13	21	4
New York	14,815	12,805	1,305	557	288	148
North Carolina	1,849	1,813	8	10	23	18
North Dakota	594	563	15	11	24	5
Ohio	7,513	5,786	906	746	160	75
Oklahoma	2,620	2,337	62	195	88	26
Oregon	1,041	933	46	52	98	10
Pennsylvania	11,345	9,812	1,153	267	272	113
Rhode Island	751	686	57	1	17	7
South Carolina	1,275	1,254	4	5	12	12
South Dakota	651	560	37	48	32	6
Tennessee	3,338	3,128	28	149	52	33
Texas	5,888	5,479	82	269	120	58
Utah	427	395	14	14	12	4
Vermont	670	592	57	24	12	6
Virginia	2,359	2,283	35	18	16	23
Washington	1,630	1,481	73	60	136	16
West Virginia	1,639	1,492	28	103	17	16
Wisconsin	2,652	2,289	224	113	50	26
Wyoming	235	216	10	7	7	2
Totals	137,199	118,666	9,954	7,330	3,994	1,349

The two lists marked (1) are taken from the last A. M. A. Medical Directory and are fairly accurate. The Homeopathic statistics (2) were furnished by W. A. Dewey, M.D., of Ann Arbor, Mich., and are, I think, a fair estimate. The Eclectic list (3) is a little over an exact count of the new card index of our chief organizer, Dr. Mundy. The Osteopathic list (4) was furnished by the editor of the *American Journal of Osteopathy,* at Kirksville, Mo., and is, in my opinion, too high. The unclassified list (5) will run about 1 per cent. of the total number of all schools.

It has taken the A. M. A. over fifteen years to change from a loosely organized membership of less than 12,000 to a well organized membership of over 34,000. This is now 35 per cent. of their possible strength. The A. M. A. dues are $5.00 per year, including their weekly journal.

With county, State and A. M. A. dues and two journals, the annual expense for a member runs from $7.00 to $10.00.

The annual dues of the American Institute of Homeopathy are $5.00, and $1.00 additional for their monthly journal of about eighty pages. It has a membership of over 2,700, or about 27 per cent. State membership, however, is not obligatory.

Our National Eclectic Medical Association has a membership of about 1,228, or 17 per cent. There are several hundred State members who do not belong to our National. Our National dues are only $2.00, including this QUARTERLY of nearly 400 pages. This shows that with another strong pull we ought to be able to increase our membership to at least 2,000, about 23 per cent., and thus materially increase our efficiency.

The following table shows our estimated individual statistics:

States	Eclectics	National Society	State Society	National and State Dues
Alabama	45	5	....	....
Alaska	2	....	....	....
Arizona	3	....	....	....
Arkansas	225	56	104	$3.00
California	340	56	....	....
Canada	9	....	....	....
Colorado	66	14	....	....
Connecticut	76	24	30	4.00
Delaware	5	....	....	....
District of Columbia	8	....	....	....
Florida	53	9	....	....
Georgia	303	85	150	4.00
Idaho	23	2	....	....
Illinois	645	90	125	4.00
Indiana	506	66	75	4.00
Iowa	202	29	35	3.00
Kansas	271	57	70	4.00
Kentucky	118	28	31	3.00
Louisiana	22	....	....	....
Maine	25	1	1	4.00
Maryland	11	....	....	....
Massachusetts	89	9	20	5.00
Michigan	226	14	29	4.00
Minnesota	52	....	....	....
Mississippi	23	....	....	....
Missouri	495	85	100	4.00
Montana	6	....	....	....
Nebraska	265	65	80	4.50
Nevada	6	2	....	....
New Hampshire	18	1	....	....
New Jersey	50	11	15	4.00
New Mexico	12	1	....	....
New York	506	127	130	3.00
North Carolina	9	....	....	....
North Dakota	10	1	....	....
Ohio	678	154	187	4.50
Oklahoma	180	37	45	4.00
Oregon	47	2	....	....
Pennsylvania	241	48	60	4.00
Rhode Island	7	....	....	....
South Carolina	5	....	....	....
South Dakota	45	12	15	3.00
Tennessee	136	19	30	4.00
Texas	247	79	90	4.00
Utah	11	1	....	....
Vermont	22	1	9	....
Virginia	17	....	....	....
Washington	55	....	....	....
West Virginia	94	8	20	....
Wisconsin	102	14	35	4.00
Wyoming	7	3	....	....
Foreign	5	....	....	....
Mexico	7	....	....	....
Totals	6,621	1,228		

From the above it will be seen that the following States have the largest membership in numbers—Ohio, New York, Illinois, Georgia and Missouri; but the following have the highest percentage of possible membership—Arkansas, Kentucky, Nebraska, Oklahoma and Texas.

We have only twenty-four State societies well organized, and ten others whose State organization is more or less nominal. An additional ten societies could easily be organized with a little effort. Last year the National expended over $1,000 for the expenses of five district organizers, and laid the foundation on which we must now build.

This year, with one national organizer and a secretary in each State (selected in most cases by the State societies), we expect to do considerable work on the allotment of only $250 for bare expenses.

Study these lists carefully, and be prepared to make definite suggestions for future work along these lines at the next annual meeting at Dallas, Texas, June 19, 1913. SCUDDER.

California.

Dr. Chas. L. Tisdale, Alameda, secretary of the State Board of Medical Examiners, has resigned.

H. Ford Scudder has removed from Redlands to 337½ S. Hill Street, Los Angeles, and has accepted the position of secretary of the California Eclectic Medical College.

Dr. Etta C. Jeancon is conducting a sanitarium with her father, Dr. Chas. A. Jeancon, at 1035 W. Seventh Street, Los Angeles.

Dr. M. S. Killiher has removed from Lompoc to 433-434 Ochsner Building, Sacramento.

The regular meeting of the Los Angeles County Eclectic Medical Society was held March 4. The essay was "Sympathetic Nervous System and Practical Physiology," by Dr. B. E. Fullmer.

Dr. L. A. Perce, of Long Beach, has been seriously ill.

Dr. J. W. Williams has removed from Downieville to Sierra City.

Dr. H. C. Smith has been appointed secretary of the Southern California Eclectic Medical Association to fill the vacancy caused by the death of W. J. Lawrence, M.D.

C. A. Barrows has removed from Portersville to Loma Linda.

J. A. Riley's new address is 1430 Park Street, Alameda.

With gifts of $400,000 assured to build and equip new departments of the University Hospital in San Francisco, new measures have been planned by the president and Dr. Herbert C. Moffett, the new dean of the medical college. It is proposed to put the last two years of the medical course on a strictly academic basis, that is, to have the instruction given by men who devote their time solely to teaching and scientific research, to the exclusion of private practice. The university expects also to have courses of instruction for graduate physicians during the summer session. As a preliminary to this course, there will be held a special series of clinics, conferences and addresses during commencement week in May.

Connecticut.

Dr. R. E. S. Hayes has moved from Farmington to 314 W. Main Street, Waterbury.

Georgia.

L. P. Baker has changed his address from 235 Capitol Avenue to 206 W. Alexander Street, Atlanta.

Dr. M. T. Johnson, of Lawrenceville, and Frank L. Eskridge are surgeons for the Seaboard R. R.

Dr. Paul McDonald, of Bolton, is the county physician of the county in which Atlanta is located.

Dr. Spero G. B. Vryonis has been abroad serving as a physician in the Greek Army Hospital. He has resumed his work in his home city, Atlanta.

J. S. Calvin, M.D., has removed from Odum to Jessup.

The Medical Department of the University of Georgia, located at Augusta, dedicated its new medical building, January 29. Special exercises were held during which the LL.D. degree was conferred on Dr. William M. Polk, dean of Cornell University Medical College, and Dr. J. A. Witherspoon, president-elect of the American Medical Association. Governor Joseph M. Brown, Mayor L. C. Hayne, of Augusta, and a large number of other distinguished guests were present.

Idaho.

H. E. Snyder has removed from Stites to McCall.

Illinois.

Rose D. Hows, M.D., has removed from 1595 Humboldt Bldg. to 32 N. State Street, Chicago.

Dr. R. J. Grimes is now located at Shobomer.

Dr. Fred Moench has removed from Le Sueur Center, Minn., to Rushville, Ill.

Dr. Grace A. Graves has removed from 4309 N. Forty-second Street to 4740 Drake Avenue.

W. H. Taylor has removed from Waterloo, Iowa, to 4650 N. Kedzie Avenue, Chicago.

Dr. Chas. Boelm has removed from 2575 Emerald Avenue to 372 Central Avenue, Highland Park.

J. R. Young has removed from Walworth, Wis., to 1317 Blaisdell Street, Rockford.

Alex Caird's new address is 1637 W. Monroe Street, Chicago.

J. B. Davis, M.D., has removed from Peoria to 1133 E. Sixty-third Street, Chicago.

Dr. H .E. Price has removed from Weldon to Clinton.

Dr. R. W. Kinsey is located at Armington.

The College of Physicians and Surgeons of Chicago again passes under the control of the University of Illinois. This time it is a gift to the State

institution partly by the stockholders and partly by the alumni who purchased the stock not donated. The medical school has for several years held a contractual relationship with the University of Illinois, but that relationship was cancelled last spring. By the present transfer of all the stock, however, the medical school becomes an organic department of the University of Illinois.

In his final message Governor Deneen devotes considerable space to the State Board of Health giving its history, general aims and purposes, with especial reference to its laboratory work. He recommends a material increase in the appropriation for the State Board of Health for sanitary work; repeats his recommendations that a law be enacted for a better method of registration of mortuary statistics; calls attention to the need of revision of the section of the medical practice act which enables the board to revoke certificates of physicians for unprofessional and dishonorable conduct, repeats his former recommendation that the appropriation for free distribution of diphtheria antitoxin be continued, and urges the creation of a State sanatorium for tuberculosis.

Indiana.

The Indiana legislature has made an appropriation of $65,000 for the Medical School and Hospital of the Indiana University School of Medicine for the first year, and an annual appropriation of $75,000 thereafter.

E. H. Gregg has removed from Wanamaker to Yorktown.

The attorney general has rendered a formal opinion to the State Board of Health, which gives it power to regulate and prescribe the character and location of plumbing, drainage, water supply, disposal of sewage, lighting, health and ventilation of practically all the school buildings in the State.

G. M. Fonner has removed from 119 E. Creighton to 1102 E. Creighton Street, Ft. Wayne.

M. L. Hamilton, M.D., formerly of Owensburg, has removed to New Berry.

W. W. Wheat, M.D., from Mecca, has removed to Rosedale, R. F. D. No. 2.

N. M. McFarland, M.D., has removed from New Pittsburg to Union City, R. F. D. No. 36.

U. G. Vance has removed from Somerset to La Fontaine.

G. L. McNeal has removed from Deer Creek to Kokomo.

C. G. Winter has removed from 1201 Ohio Street to 14 W. Ohio Street, Indianapolis.

At the annual election of the State Board of Medical Examiners, Dr. W. A. Spurgeon, Muncie, was re-elected president and Dr. W. T. Gott, Crawfordsville, secretary.

The physicians of Indiana are dissatisfied with a number of bills which have been introduced into the legislature of that State. One of these bills is especially objectionable, for the reason that it provides that none of the habit-

forming drugs, of which about two hundred are specifically named in the bill, shall be administered except on a prescription. The physicians take this to mean that they would not be permitted to carry these drugs with them and they insist that not infrequently they would lose patients by death by operation of such a law. For instance, if they were called to cases far out in the country, where the immediate use of any drugs was imperative, they would be obliged to write prescriptions and send to town for the medicine before they could administer them.

The committee on tuberculosis of the Indiana State Medical Society has prepared a law to be introduced during the next legislature to quarantine all people suffering from tuberculosis. Public health authorities will be given sufficient legal rights to enforce the law.—*Medical Brief.*

(There is entirely too much medical legislation and very much that is iniquitous and useless. Quarantining a tubercular case is absolutely wrong and a hardship to the afflicted and to the family, and cannot be enforced.—Ed.)

Iowa.

Dr. G. F. Severs, Centerville, has been appointed a member of the State Board of Health, vice Dr. B. L. Eiker, of Leon.

C. B. Spates, M.D., has removed from 238 Century Bldg. to 1104 Equitable Bldg., Des Moines.

The first annual meeting of the Iowa Association of Orificial Surgeons was held in the parlors of the Savery Hotel as Des Moines, Iowa, March 5. The following officers were elected: President, Dr. W. H. McCartney, Des Moines, Iowa; vice-president, Dr. C. L. Stoddard, Boone, Iowa; Secretary-Treasurer Dr. W. J. Buck, Des Moines, Iowa; Dr. A. E. Shaw and Dr. W. A. Guild, both of Des Moines, Iowa, members of the Executive Committee. Des Moines was chosen as the place of the next meeting. Dr. E. H. Pratt, A.M., M.D., LL.D., of Chicago, Ill., conducted an orificial clinic at the Des Moines General Hospital in the forenoon. Eight cases were operated on, demonstrating the fundamental principles of orificial surgery. Forty of Iowa's foremost surgeons were in attendance. In the evening a banquet was spread with Dr. E. H. Pratt as the guest of honor. The entire meeting was a success.

Kansas.

O. L. Smith, M.D., has changed his address from 1108 N. Topeka Street to 1110 Emporia, Wichita.

S. H. Murphy, M.D., has removed from Chanute to Yates Center.

Dr. M. C. Hurd has removed from Cassady to Buhler.

Dr. F. P. Hatfield, of Olathe, has been appointed a member of the Kansas Board of Medical Registration and Examination.

Dr. A. W. Cormack, of Fredonia, has removed to Albany, Oregon.

The most serious epidemic disease in Kansas during the first year covered by the vital statistics bureau was pertussis. During the year there were

156 deaths from this disease. Diphtheria came next with 121 deaths. There were 345 deaths from typhoid, but no epidemic. The cases were widespread. There were 1,081 deaths from tuberculosis.

Kentucky.

The Kentucky Central Auxiliary Association held its annual meeting at Richmond, Ky., November 9. Dr. J. C. Mitchell, of Louisville, read a paper on "Religion in Medicine Bearing on Theosophy." Officers elected are: President, J. H. Schultz, Jeffersonville; secretary, T. A. E. Evans, Farmers; treasurer, W. K. Price, Cottonburg. The next meeting will be at Richmond, the fourth Tuesday in October, 1913.

W. P. Wise has removed from War Creek to Lee City. W. K. Price from Richmond to Cottonburg.

Dr. John M. Jackson is located at McComb.

Louisiana.

F. P. Jones, M.D., Ga. Col. 1894, is coroner of his parish and local surgeon of the K. C. & S. R. R.

The governor has appointed Charles B. Mayer, New Orleans, a member of the Board of Medical Examiners to succeed himself; Dr. J. W. Belden, New Orleans, vice Dr. M. F. Howe, and Dr. R. A. Bayley, New Orleans, vice Dr. Gayle Aiken.

Massachusetts.

The monthly meeting of the Boston District Eclectic Medical Society was held Monday evening, December 30, at Hotel Lenox. Dr. Wm. C. Clark read a paper on "Cinchona and Its Compounds," and Dr. Chas. E. Buck on "Echinacea." The regular meeting of February was held in the same place. The yearly report was read, showing a good balance in the treasury. New members were elected, and the officers for the ensuing year elected: Dr. Roy J. Boynton, president; Pitts Edwin Howes, secretary. The society lost during the year by death Drs. Samuel B. Pratt and Nathan L. Allen.

C. P. Burchmore has removed from Everett to 100 Boylston Avenue, Boston.

Marvland.

The Maryland State Eclectic Medical Society (incorporated) has been formed with a charter and starts off with a membership of twenty-five. The following officers have been elected: President, Geo. W. Fisher, M.D., first vice-president; Wm. Grant, M.D., second vice-president; C. L. Goldsmith, M.D., secretary; F. L. C. Helm, M.D., treasurer; Rollau G. Page, M.D. Monthly meetings are to be held in the city of Baltimore upon each second Tuesday of the month.

Michigan.

Dr. E. Mather has removed from 168 W. High Street, to 46 Warren Avenue, East, Detroit.

Dr. W. R. Sober has moved from Hartford to Clare.

A controversy between the literary and medical departments of the University of Michigan as to the length of the combined medical and literary course has been submitted to the Board of Regents for decision. The opinion of the medical department is that the combined course should be optional, but that the six years' course should be retained as a minimum. The matter is to be decided by arbitration by a board composed of Regents Sawyer and Bell. President Hutchins, and Deans Effinger of the literary department, Colley of the engineering department, and Victor C. Vaughan of the medical department.

Minnesota.

J. P. Caldwell has removed from Waukesha to 1446 Minnehaha Street, St. Paul.

Drs. Charles Bolsta, Ortonville, J. W. Andrews, Mankato, and F. B. Hicks, Grand Marias, have been reappointed members of the State Board of Medical Examiners.

Dr. Fred Moench has removed from Le Sueur Center to Rushville, Ill.

Mississippi.

The State Board of Health of Mississippi has adopted a rule forbidding hotels and restaurants to give accommodations to persons afflicted with tuberculosis.

(This is a relic of barbarism and on a par with the method of making outcasts of lepers. Texas and California are adopting similar methods. What is to become of the unfortunate victims of the white plague? Phthisiophobia is becoming contagious and the afflicted will soon have to be isolated as are the lepers. Common sense ought to have an inning once in a while with health and examining boards.—M.)

Missouri.

I. G. Bushey has removed from St. Elmo to Watson.

H. J. Wiesner has removed from 2043 Sidney Street to 2116 Russell Street, St. Louis.

Frank Hurwitt has removed from Fifteenth and Trent Avenue to 1925 E. Fifteenth Street, Kansas City.

G. B. Wolford, M.D., has removed from Kansas City to Lamar.

E. L. Rice, M.D., has removed from Otterville to Pilot Grove.

Dr. M. Gore has removed from 655 Main Street to Hall Bldg., Kansas City.

Dr. Ida F. Kittredge, M.D., has removed from 2806 S. Jefferson to 3331 S. Jefferson Street, St. Louis.

Nebraska.

C. C. Wallingford, formerly of Loomis, has removed to Geneva.

C. L. Ayers has removed from Atlanta, Mo., to Polk, Neb.

H. O. Conaway, M.D., has removed from Reynolds to Phillips.

Nevada.

Robert Nichols, M.D., has removed from Ft. Smith, Ark., to Hume.

New York.

The new officers of the New York Society has issued a stirring appeal to the New York Eclectics urging affiliation and attendance upon the State and National society. Other State officers should take notice.

The regular monthly meeting of the Eclectic Medical Society of the City and County of New York convened March 20, the president presiding. An unusually large number were in attendance. Reports were read, approved, and action taken regarding pending medical legislation.

Dr. Frieda Dressel has removed from 26 to 626 Decatur Street.

The abolition of the town and village boards of health and the substitution of a State system of district sanitary supervision is recommended by the special commission appointed by Governor Sulzer, of New York, to suggest changes in the public health laws of that State and their administration.

Dr. Terrell L. Fuller, E. M. C. 1911, has accepted a position in Oroya, Peru, for which place he left in January.

The February meeting of the Eclectic Medical Society of the City and County of New York was an intensely interesting one. There was a large attendance and the discussions were exciting. New members were added.

The annual meeting of the Kings County Eclectic Medical Society convened February 12. There was a large attendance. The present officers were re-elected for another year. New members were enrolled.

The New York Eclectic Medical Association held its annual meeting at Albany, March 25 and 26. There was a fair attendance and a good meeting. The officers elected are: President, G. J. Olsen, New York; first vice-president, R. Toms, Kenmore; second vice-president, F. Terwillinger, Barton; third vice-president, D. H. Foster, Scottsburg; recording secretary and organizer, T. D. Adlerman, Brooklyn; corresponding secretary, F. E. Elliott, Brooklyn; treasurer, M. B. Pearlstein, Brooklyn. Next place of meeting, Albany, N. Y.

The annual meeting of the Kings County Eclectic Medical Society was held at the Hofbrau Haus, Brooklyn, Wednesday evening, February 12. Addresses were made by Drs. Adlerman, Herzog and Elliott. A feast followed the meeting.

Dr. Geo. Salter has changed his address from 66 Rockaway Avenue to 56 Somers Street, Brooklyn. Dr. Adam Wolf to 968 Forest Avenue, Brooklyn.

The monthly meeting of the Eclectic Medical Society of the City and County of New York was held January 16, Dr. H. Harris presiding. Interesting clinics were presented by Dr. Thompson which elicited considerable discussion. New members were elected.

Dr. M. Wolf was recently appointed by Governor Sulzer as Civil Service Commissioner.

Dr. David Alperin was elected an associate editor of the *Biochemical Bulletin* by the Columbia University Biochemical Association.

Dr. Herbert Upham Williams, of Buffalo, has been appointed examiner in bacteriology, and Dr. Lewis Stephen Pilcher, of Brooklyn, in diagnosis, for the State Board of Medical Examiners.

Ohio.

The Southwestern Ohio Eclectic Medical Association held its February meeting at the Hotel Sterling, Cincinnati, Thursday evening, February 6. It was the nature of a "coffee-smoker." Papers were read by Drs. Hagen, Dash and Thomas. The Homeopathic physicians of the city were the invited guests of the Association.

C. E. Townsend has removed from Chippewa Lake to Washington C.H.

Dr. T. A. McCann, Dayton, has been re-elected vice-president of the Ohio State Medical Board and Dr. Frank Warner, Columbus, re-appointed a member of the State Board of Health.

On the evening of February 11, Mr. Des Lisle Stewart, secretary of the Cincinnati Astronomical Society, spoke on "Celestial Photography," in the auditorium of the Eclectic Medical College. Dr. Otto Juettner dilated on "The Makers of American Medicine," on the evening of February 20. Both lectures were illustrated by stereopticon views.

Dr. Ralph B. Taylor has removed his office to 1275 N. High Street, Columbus.

Dr. W. S. Turner, of Newark, has been reappointed chief of staff of the Newark Hospital.

Dr. G. E. Davis has removed from Lewiston to West Liberty.

Dr. W. F. Carson has been seriously sick with infection of the gall-bladder. We are pleased to learn he is improving.

Dr. C. A. Stadtler, of West Cairo, has sold his practice and contemplates moving.

Oklahoma.

Dr. G. W. White has removed from Higgins, Tex., to Durham, Okla.

F. A. Lee, M.D., has removed from Magazine, Ark., to Erick, Okla.

Oregon.

Dr. S. C. Browne is superintendent of the Sumpter General Hospital, of Sumpter.

Pennsylvania.

Frank Long, M.D., has removed from South Bethlehem to Coopersburg.

Dr. J. T. Lafferty has removed from Rockland to West Hickory, Forest County.

W. A. Stewart, M.D., of 7100 Thomas Ave., Pittsburg, has been appointed one of the Eclectic members of the State Medical Examining Board.

All the Philadelphia medical schools have adopted not only the higher

entrance requirements recommended by the American Medical Association, but also those of the Board of Examiners of the State of Pennsylvania. As matters will stand on and after January 1, of next year, Jefferson Medical College, the Temple University Medical Department, the Medico-Chirurgical College, the Woman's Medical College, and the Hahnemann Medical College will require for admission, in addition to the work in an accredited high school, one year of college work in physics, chemistry, and biology, and also one foreign language. The University of Pennsylvania, however, will continue to require two years' preliminary work including these branches. Besides this preliminary work and the four years of strictly medical work, the student will be required to spend one year in a hospital as interne. Six years' work will thus be required by all the Philadelphia schools, with the exception of the University of Pennsylvania, which will require seven years. While the University and Temple University already possess fully equipped departments to teach biology, chemistry, physics, and foreign languages, the other schools named are to create such courses. The four-year course will still be available for those who matriculate in the above schools (excepting the University of Pennsylvania) next September, but this will be the last opportunity.—*Monthly Cyclopedia and Medical Bulletin.*

South Dakota.

South Dakota has perfected plans for reciprocity with Colorado, New Mexico, Wyoming, Oklahoma, Texas, Nevada, Nebraska, and conditionally with Minnesota and Florida.

Dr. W. E. Daniels, of Madison, is a member of the South Dakota Board of Medical Examiners. Dr. Daniels was severely injured, December 9, by an auto turning "turtle." He is improving.

The next regular meeting of the South Dakota Eclectic Medical Association will be held at Madison about June 10. Every Eclectic is requested to get in touch with the secretary, Dr. J. C. Greenfield, of Avon.

The next State examination will be held at Madison, July 8.

The State Board of Medical Examiners now requires that an applicant for license who matriculated in a medical school subsequent to August 1, 1911, must have completed a preliminary education consisting of two years of work in a college of liberal arts or its equivalent, in addition to an accredited four years' high school course. No medical college will be considered in good standing which accepts or graduates students with less than this amount of preliminary education.

South Carolina.

A bill was passed by the legislature of South Carolina on February 7, which is a modern wonder even in these progressive days, and especially because South Carolina is usually rated as a most conservative State. The bill transfers the Medical College of the State of South Carolina property in Charleston to the State in trust, to control and operate a medical college of high standard. The management and control of the college is turned over

to a board, consisting of the governor, the superintendent of education and the chairman of two committees, and eight members, to be elected by the legislature. Seven beneficiary students are provided for. To reorganize the college and carry on the work for the current year $20,000 is appropriated. The medical college is to be strictly an independent State educational institution, a part of the State's educational system.

Texas.

J. A. Witt, M.D., has removed from Iowa Park to Levita.

The governor has nominated the following members of the State Board of Medical Examiners: Drs. W. B. Collins, Lovelady; W. L. Crosthwaite, Waco; George L. Baber, Winnsboro; J. H. Evans, Palestine, and E. B. Osborn, Cleburne; Homeopathic representatives—Dr. T. J. Crowe, Dallas, and Dr. H. C. Morrow, Austin; Eclectic representatives—Drs. M. E. Daniel, Honey Grove, and George W. Johnson, San Antonio; Osteopathic representatives—J. F. Bailey, McLennan County, and Paul M. Beck, Bexar County.

Washington.

J. R. Burns, M.D., has removed from North Yakima to the National Realty Building, Tacoma.

J. V. Steele, M.D., is located at Waitsburg.

Dr. Ward B. McMakin is located at Washougal.

Dr. R. W. Crow has removed from Newark, O., to Cosmopolis.

West Virginia.

Dr. A. C. Lambert has removed from Red House to Windfall, where he will take charge of a hospital nearing completion.

Dr. W. W. Vance has been elected mayor of Mannington.

Dr. Geo. Snyder is surgeon for the B. & O. R. R. Co. at Weston.

Wisconsin.

Health Commissioner Kraft, of Milwaukee, has been voted a salary of $5,000, and the fees heretofore claimed by the Health Department have been abolished.

Wyoming.

The new State Board of Medical Examiners for Wyoming, appointed by the governor, is reported as consisting of Dr. John B. Tyrrell, Laramie; Dr. C. D. Stafford, Kemmerer, and Dr. J. G. Cogswell, Riverton. The board met at once and organized, electing Dr. Stafford president, Dr. Cogswell vice-president and Dr. Tyrrell, secretary.

Miscellaneous.

Antimeningitis Serum.—The following letter has been written to the chairman of the Board of Health of New York City by Dr. S. P. Kramer concerning his recent communication to the Academy of Medicine of Cincinnati on the subject of the antimeningitis serum:

MR. ERNST J. LEDERLE,

President of the Board of Health of the City of New York.

My Dear Sir—The Board of Health of the City of New York prepares and distributes a serum for the treatment of cerebro-spinal meningitis.

On Monday, March 17, 1913, I reported to the Academy of Medicine of Cincinnati six cases in which death by respiratory paralysis had occurred within a few minutes following the administration of this serum. I reported two other cases in which respiratory failure had followed the injection; breathing was revived by artificial respiration. All these cases occurred in children.

On March 21, 1913, the director of the Rockefeller Institute, in a statement to the Associated Press, said: "If the antimeningitis serum itself, or the preservative contained in it, were the cause of the deaths reported by Dr. Kramer, of Cincinnati, many other similar reports should have been received; but such fatalities have been reported by no one else."

In the U. S. Public Health Reports, January 26, 1912, on page 115, Dr. W. H. Frost, passed assistant surgeon U. S. Public Health and Marine Hospital Service, has described such deaths. In the *Journal of the American Medical Association*, of March 1, 1913, page 959, Dr. Arthur H. Parmelee reports ten cases of respiratory paralysis. Indeed, so common has this catastrophe become, that in a circular issued by your department, and a copy of which I am enclosing, directions are given as to what should be done when breathing stops, following the injection.

Upon investigation of this subject, I was led to conclude that the tricresol used as a preservative in this serum was responsible for these accidents. The experimental and clinical data on which this conclusion is based are at all times at the service of your Board. In view of what has gone before, I believe that your Board owes it to the public, whom it faithfully serves, carefully to investigate this matter to the end that the serum may be made harmless. I am, sir, very sincerely yours,

S. P. KRAMER, Surgeon to the Cincinnati Hospital.

—*Lancet-Clinic.*

RECENT MORTALITY IN EPIDEMIC MENINGITIS.—The medical profession has recently observed with no small degree of alarm the virulent type of epidemic meningitis as compared with a year ago. In Muskogee and adjoining counties very few cases have been saved. Nearly all have died without reference to time of diagnosis, stage of disease, age or occupation of the patient. In the epidemic of a year ago the death rate was 50 per cent., counting all cases treated with serum. This included those who were moribund at the time of treatment and many others often in a most critical condition. It is impossible to state now just why we are having these apparent failures, but the cause may show up later. It is possible that the disease may be more virulent or that the serum used may have become attenuated in some manner.—*Journal Oklahoma State Society.*

MORPHINE.—The use of morphine and scopolamine before a general anesthetic brings with it dangers which are not compensated by any advantages, and the method should be abandoned or limited to specially selected cases.—*Medical Review of Reviews.*

Bufogin is a new remedy "discovered" by a professor in Johns Hopkins University, and it seems to have some value as a "heart stimulant." This is none other than the Bufo Rana of the Homeopaths that has, in certain conditions, been used for many years. The poison from the frog is a well recognized heart stimulant and is also a most excellent remedy in the treatment of epilepsy. Indeed, no less an authority than J. H. Clark, an English Homeopathist, remarks in the Dictionary of Materia Medica, "No medicine has served me better in the treatment of this disease." Thus "the world do move."—*Clinical Reporter,* December, 1911.

Federal Authorities Ask Dr. Friedmann to Resume Demonstrations of Tuberculosis Treatment.—An intimation has been officially conveyed to Dr. Friedmann by the United States Public Health Service that the time has arrived for him to resume the demonstration of his treatment for tuberculosis, in order that the Federal authorities may be able to form a judgment on the value of the treatment. The letter to Dr. Friedmann was signed by Passed Assistant Surgeon John F. Anderson, director of the hygienic laboratory and chairman of the board of investigation. Having the approval of Surgeon General Blue and Secretary of the Treasury McAdoo, it is virtually an ultimatum to Dr. Friedmann to comply promptly with promises made to the medical authorities that he expedite his treatment so that the government may reach a verdict as soon as possible for the benefit of the American people.—*New York Medical Journal.*

Modification of the administrative provision of the tariff law, the free admission of medicines and surgical instruments for hospitals and scientific apparatus for institutions of research and continuance of free admission of numerous raw materials were urged at the concluding hearing before the House Committee on Ways and Means, on February 1. Approximately six hundred leading hospitals in the country had as spokesman George F. Clover, superintendent of St. Luke's Hospital in New York. Mr. Clover asked that the free list be so amended as to include hospitals that render medical and surgical aid free of charge among the institutions permitted to import free apparatus, utensils, instruments and preparations for medical and surgical purposes. He gave as a reason "the interest of charity for all the people," and cited the constant discoveries in European laboratories, "which may be of utmost value to the life of the people of the nation." Dr. Allerton S. Cushman made similar appeal for industrial research scientific work.—*Lancet-Clinic.*

The Ten Commandments of Good Citizenship:

1. Thou shalt honor thy city and keep its laws.
2. Remember thy cleaning day and keep it holy.
3. Thou shalt love and cherish thy children and provide for them decent homes and playgrounds.

4. Thou shalt not keep thy windows closed day or night.
5. Thou shalt keep in order thy alley, thy back-yard, thy hall and stairway.
6. Thou shalt not kill thy neighbor's bodies with poisonous air, nor their souls with bad companions.
7. Thou shalt not let the wicked fly live.
8. Thou shalt not steal thy children's right to happiness from them.
9. Thou shalt bear witness against thy neighbor's rubbish heap.
10. Thou shalt covet all the air and sunlight thou canst obtain.

—*Housing Committee, Chicago Women's Aid.*

The Control of Epidemics.—On account of the relation of epidemics to the hygienic and commercial welfare of the country, the Federal Public Health Service may assume responsibilities in respect to their control under the direction of the Secretary of the Treasury and the President. In the event of outbreaks of cholera, yellow fever, smallpox, plague, or typhus fever in any part of the United States, the President is also authorized to cause sanitary regulations to be issued and enforced to prevent their spread, and an epidemic fund of approximately half a million dollars is appropriated annually for expenditures of the Federal Public Health Service in suppressing epidemic of these diseases. It is under such authority that the epidemics of yellow fever in the Southern States, the outbreaks of plague in California and our island possessions, and similar outbreaks have been handled. In every instance, however, there has been thorough co-operation on the part of the Federal, State and local authorities. The equity of our form of government requires that the two latter shall exercise their police powers to the fullest extent, and it is on request of these authorities that the Federal government goes to their assistance. This may be advisory in character, or may assume a more active form. When material aid is extended, the government's funds are required to be expended by officers of the Federal Public Health Service, and these latter are therefore placed in charge, and have the co-operation of State and local officials as well as officers of the Federal government. The occurrence of epidemics affords opportunity for investigations of an epidemiological character, and advantage is taken of such situations. As an example, may be mentioned the studies of plague in California and typhus fever in Mexico City.—*Journal A. M. A.*

A Blow to Medical Trust.—The political doctors seeking to establish a medical trust by the creation of a national department of health with its head a member of the President's Cabinet, were given an ice bath by President-elect Wilson a few days ago in an address delivered to an association of social workers at Hoboken, New Jersey. Governor Wilson plainly stated that in his opinion the creation of such a department would be a violation of the democratic doctrine of States' rights as defined by the Federal Constitution. Governor Wilson said in part:

"Most of the things you have spoken of are without political embarrass-

ment. One that does have political embarrassment is the National Health project. Already in dealing with medical education in New Jersey we have had political differences because of the various independent schools of medicine that have sprung up on all sides. There is fear in many minds that we are about to set up what has been called a medical trust, and it is very desirable to remove that idea. I have never seen any serious proposal to put any particular school of medicine in charge of the national health."

It is evident from the foregoing that Governor Wilson is not in sympathy with the plan to create a national health bureau with supreme power over all State and local health boards. The powers of the Federal Government are limited by the National Constitution, and all powers not expressly granted to the Federal Goverment are reserved to the people of the respective States. Social and domestic affairs are under the control of State and municipal governments. For example, the Federal Government has no power to regulate marriage and divorce. Those are matters of State control. So it is with other local and domestic questions, such as that of suffrage.

Interstate matters come under the purview of the Federal Government, but interstate questions are dealt with by State governments. The question of health regulation between the several States is properly the function of the Federal Government, but health regulations within a State belong to the State government or such agencies as it may see fit to establish for their control.

Governor Wilson is evidently a strict constructionist, and will not sanction any further centralization of government contrary to the letter and spirit of the constitution on which our government is based—*The Voice,* Feb., 1913.

Methods of Compulsory Medicine Advocates.—Dr. Wiley, in an address delivered at Dayton, Ohio, October 29, according to the Dayton newspapers used these words:

"In Indiana, Dr. Perry, with an appropriation of $100,000, has done wonderful work. He has stamped out at least one infectious disease, namely, diphtheria. The State Board of Health keeps the County Board of Health supplied at all times with serum, and as soon as a case of diphtheria appears it is immediately stamped out. *There has not been a death from diphtheria in Indiana in the last four years.*"

According to the Indiana State Board of Health Bulletins there were, in 1909, 338 deaths from diphtheria; in 1910, 381 deaths; in 1911, 343 deaths, and during the first eight months of 1912, 151 deaths, or a total of 1,213 deaths from this disease in something less than four years.

These methods of impressing the public ear with the benefits of antitoxin are not at all uncommon, and to listen to such addresses as Dr. Wiley's one would suppose that antitoxin had succeeded in entirely eliminating diphtheria, when, as a matter of fact, it has done nothing of the kind. In 1904 and 1905 the deaths from diphtheria in Indiana were respectively 314 and 366. If antitoxin or the serum "supplied at all times" by the Indiana Board of Health is doing such wonders, why this increase in the mortality during the past four years? Had Dr. Wiley been honest he would have said that in spite of the

serum furnished by the Indiana Board of Health at all times there has been an increase in the mortality in diphtheria, and this would have been the truth. Possibly Dr. Wiley has been misquoted intentionally by some officious medical editor. We prefer to believe this.—*Medical Century,* February, 1913.

MARRIAGES.

January 25, 1913, Dr. E. Mather to Miss Anna M. Briseve, both of Detroit, Mich. At home, 46 Warren Avenue, East Detroit.

OBITUARIES.

Bennett, Charles E., Hospital Medical College, Atlanta, Ga., 1910, at his home in Owensboro, Ky., March 21, aged forty-four.

Blair, James S., Eclectic Medical Institute, Cincinnati, 1875, at his home in Lynn, Ind., March 31, aged sixty-two.

Bundy, Azro Delos, Eclectic Medical Institute, Cincinnati, 1878, at his home in Osage, Iowa, February 21, aged seventy-one.

Darnell, Robert D., American Medical College, St. Louis, 1882, at his home in Kalama, Wash., February 18, aged fifty-seven.

Duvall, John F., Eclectic Medical University, Kansas City, Mo., 1902, at his home in Kansas City, Mo., February 15, aged sixty-six.

Frazier, James C., at his home in Gallatin, Mo., February 11, 1913.

Falls, Perry Wright, Eclectic Medical Institute, Cincinnati, 1892, at his home in New Orleans, La., February 24, aged fifty-three.

Gabbert, William A., Eclectic Medical Institute, Cincinnati, 1875, at his home in Bloomington, Ill., February 13, aged sixty.

Gard, Brookfield, Eclectic Medical Institute, Cincinnati, 1865, at his home in Fort Wayne, Ind., February 2, aged eighty.

Goodspeed, Helen Amanda, Eclectic Medical College of the City of New York, 1870, at her home in Worcester, Mass., January 23, aged sixty-nine.

Gunn, Jay, Eclectic Medical Institute, Cincinnati, 1892, at Dallas Tex., January 21, aged fifty-four.

Hesse, Amelia, American Eclectic Medical College, St. Louis, 1892, at her home in St. Louis, February 26, aged sixty-eight.

Hunter, Neton P., Eclectic Medical Institute, Cincinnati, 1863, at his home in North Lewisburg, O., January 20, aged sixty-six.

Johnson, Geo. W., Bennett Medical College, Chicago, 1879, at the home of his daughter in Kansas City, Mo., April 3, aged seventy-nine.

Lake, Daniel E., Pennsylvania Eclectic Medical College, 1871, at his home in Fulton, N.Y., March 1, aged seventy-five.

Lehman, John Lee, Indiana Eclectic Medical College, Indianapolis, 1887, at his home at Carmi, Ill., January 17, aged sixty.

Lewis, John V., Eclectic Medical Institute, Cincinnati, 1870, at his home in Alliance, O., January 16, aged seventy-five.

Lohman, Herman J., at his home in Jersey City, N.J., April 4, 1913.

McGrew, William Edgar, Eclectic Medical Institute, Cincinnati, 1886, at his home in East End, Pittsburg, Pa., January 13, aged forty-seven.

McLaughlin, John T., Eclectic Medical Institute, Cincinnati, 1867, at his home in Springfield, O., March 13, aged sixty-nine.

Molony, John H., Eclectic Medical Institute, Cincinnati, 1869, at his home in Symmes Corners, O., January 16, aged seventy-one.

Morrow, Prince A., Eclectic Medical College of New York, at his home in New York, March 17.

Musgrave, Robert W., California Eclectic Medical College, Los Angeles, 1884, at his home in Hanford, Cal., February 15, aged fifty-four.

Osgood, Howard G., Eclectic Medical Institute, Cincinnati, 1856, at his home in Gosport, Ind., March 10, aged seventy-eight.

Patty, William, Eclectic Medical Institute, Cincinnati, 1866, at his home in Greenville, O., January 23, aged eighty-four.

Peterson, Kate B., Bennett Medical College, Chicago, 1885, at her home in Chicago, January 20, aged seventy-six.

Phillips, Abel P., Eclectic Medical College of Pennsylvania, Philadelphia, 1867, at his home in Bear Lake, Pa., February 17, aged eighty.

Potts, John S., American Eclectic Medical College, St. Louis, 1875, at his home in Los Angeles, Cal., February 9, aged seventy-two.

Rannells, Jacob Newton, Eclectic Medical Institute, Cincinnati, 1886, at his home in Rochester, Ind., March 11, aged fifty-two.

Rauch, Kimmell, Eclectic Medical Institute, Cincinnati, 1900, at the Johnstown Hospital, Johnstown, Pa., February 11, aged forty-one.

Riggs, Leroy S., Eclectic Medical Institute, Cincinnati, 1892, of Wheeling, W.Va., at Moundsville, W.Va., January 15, aged fifty-two.

Shawgo, J. B., Bennett Medical College, Chicago, 1877, at Jasksonville, Fla., February 19, aged sixty-nine.

Simmons, O. D., Eclectic Medical Institute, Cincinnati, 1880, at his home in Carthage, O., April 19.

Soper, Francis Marion, Indiana Eclectic Medical College, Indianapolis, 1885, at his home in Atchison, Kas., March 10, aged sixty-nine.

Tabor, James Atwood, Eclectic Medical Institute, Cincinnati, 1879, at Bangor, Me., February 13, aged fifty-four.

Van Valkenburgh, Jacob, Eclectic Medical College of Pennsylvania, 1862, at his home in Sharon, N. Y., March 5. He was a charter member of the Eclectic Medical Society of the State of New York.

THE DALLAS MEETING.

The first arrangements are completed and all that now remains for us to do is to make preparations for the journey.

The railroad facilities are as good as we have had for some time. The Frisco Lines have been selected. A special car or cars will take all that meet in St. Louis for the completion of the journey. Should a sufficient number desire, a special car or cars can be secured at Chicago, which will connect

with the balance of the party at St. Louis, and we can thus finish the journey together. Please advise me if you will meet me in St. Louis, so that I may secure the railroad accommodations necessary.

Secure Homeseekers' Tickets, which will be on sale at the time, and buy to the farthest point in Texas you desire to go.

We are anticipating a good attendance. It has been some years since we met in the Southwest and we look for that section to turn out *en masse*.

Trusting to meet you in Dallas in June, I am, very truly,

W. N. MUNDY.

THE NATIONAL AT DALLAS.

The Committee on Arrangements announces that we have chosen the Hotel Southland as headquarters for the next annual meeting of the National Eclectic Medical Association, at Dallas, Texas, June 19, 20, 21, 1913.

This large new fireproof eight-story hotel has offered us a special rate of $1.50 per day per person for room without bath, and $2 to $2.50 per day for room with bath. We also have the use of the convention hall seating 200, and Parlors J, K and M for committee rooms, and exhibit room adjoining 19 x 25. The local members are arranging an auto trip about the city and to the State Fair grounds and an evening entertainment at Oak Cliff Park.

Secretary Mundy has selected the Frisco lines as our official route from St. Louis to Dallas. Homeseekers' excursion rates can be purchased June 17 at reduced rates. Get your round trip ticket to the farthest point beyond Dallas (if you want to travel beyond that point at the close of the session).

These reduced fares can be had east of Denver and west of Pittsburg. Have your tickets read via St. Louis (or join our party below St. Louis). We will leave St. Louis Tuesday evening and arrive in Dallas Wednesday evening. The conventions will convene Thursday at 9 a. m., and conclude Saturday about 4 p. m.

If we can secure seventy-five persons in St. Louis we can have a *special train;* otherwise *special cars* on the regular fast train. Make your reservations with Dr. Mundy direct. The Texas Society meeting precedes ours on Wednesday.

Make your arrangements now to take the Texas trip you have so long contemplated.

Very sincerely,

JOHN K. SCUDDER, Cincinnati, *Chairman,*
M. E. DANIEL, Honey Grove, Tex.,
H. H. BLANKMEYER, Aransas Pass, Tex.,
D. C. ARNDT, Dallas, Tex.,
J. B. CRANFILL, Dallas, Tex.,
ROSA B. GATES, Waco, Tex.,
T. D. ADLERMANN, Brooklyn, N.Y.,
P. E. HOWES, Boston, Mass.,
Committee on Arrangements and Entertainment.

Contributions to History of Medicine and Natural Sciences. Published by the German Society of the History of Medicine and Natural Sciences. Edited by Sigmond Gunther, of Muenchen, and Karl Sudhoff, of Leipsic.

"Selen as a remedy for cancer"—in reference to the history of this remedy, so widely discussed during this year, Dr. Frederick Klein, of New York City, cites me to the following data, which demands a brief public recognition from us.

According to this data Dr. Klein had already recommended selenium as a remedy for cancer as early as March 19, 1910, in an article upon selenium, entitled "Selen as a Remedy for Cancer," which was published in the *Handlszeutung* of New York; and even as early as November 20, 1908, when he made an address before the Society of Chemical Industry regarding the influence of selenium upon the epidermis and epithelium, he proposed selen acids for cancer.

Not until two years later (1912) did Von Wassermann recommend selen for cancer on the strength of several treatments. And the account given by Duisberg at the Eighth International Congress of Chemists, that Emil Fischer had reported similar results with this gradually becoming recognized remedy, could satisfy Klein at once that the priority belongs to him.

It is clearly understood why Klein did not recognize the request of Wiedemann for detailed statements in regard to the affair; on the contrary, he recently made an exhibition of his experiments with this element and remedy, extending over ten years' labor, before the German Medical Society of New York which would clear up any doubt of the right of his claim. Finally every thing which has been written of selen as a remedy for cancer since 1908, as well as the other works tending towards biochemics, has obviously been based upon that of Klein. Hermann Schelenz,

Kassel.

REFERENCES

New York Medicinische Monatschrift, April, May, July, and August Nos.

The National Eclectic Medical Quarterly, September, 1912. "Selen," The only Cancer Remedy.

Eighth International Congress of Applied Chemistry.

"Action of Acids of Selen upon Human and Animal Tissue." Biochemic Section, September 9, 1912.

Aceton and its Reductive Qualitives upon Selenium Acids.

Translated by J. J. Sutter, M.D., Bluffton, O.

Notable Features on the Program of Hygiene Congress.—The Fourth International Congress on School Hygiene, and the first to be held in America, at Buffalo, August 15-30, according to an announcement of the executive committee, will be by far the most elaborate effort yet made in this country toward getting the problem of school hygiene before the world. The first International Congress was held at Nuremberg in 1904, the second at London in 1907, the third at Paris in 1910.

The objects of the Buffalo congress are: (1) To bring together men and women interested in the health of school children; (2) to organize a program of papers and discussions covering the field of school hygiene; (3) to assemble a school exhibit representing the best that is being done in school hygiene; (4) to secure a commercial exhibit of practical and educational value to school people; (5) to publish the proceedings of this Congress and distribute them to each member.

In addition there is a plan on foot to effect a permanent organization for the purpose of carrying out school hygiene reforms in all the individual communities of this country, if not all over the world.

One of the interesting features of the Congress will be the presence of delegates representing the community interest in school hygiene, including those appointed by mayors and governors, by women's clubs, by boards of health, school boards, by mothers' congresses and charity organization societies and boards of trade. Their help is being solicited with a view of organizing the community in a campaign of school hygiene reform.

The program committee announces a program of two hundred and fifty papers and fifteen symposiums, taking up hygiene from the following points of view:

I. The hygiene of school buildings, grounds, material and up-keep.
II. The hygiene of school administration and schedule.
III. Medical, hygienic, and sanitary supervision in schools.

The contributors to the program make up a notable list of speakers, college presidents and professors; State, city and county commissioners of education; teachers and superintendents of public schools, medical college professors; State, county and city health officers; physicians in private practice, engineers and architects.

Special discussions are being arranged on the following subjects:

"School Feeding," arranged by the Committee on School Feeding of the American Home Economics Society; "Oral Hygiene," arranged by National Mouth Hygiene Association; "Sex Hygiene," arranged by the American Federation of Sex Hygiene; "Conservation of Vision in School Children," arranged by the Society for the Prevention of Blindness; "Health Supervision of University Students," arranged by Dr. Mazyck P. Ravenel, University of Wisconsin; "School Illumination," arranged by the Society of Illuminating Engineers; "Relation Between Physical Education and School Hygiene," arranged by the American Physical Education Association; "Tuberculosis Among School Children," arranged by the Society for the Prevention of Tuberculosis; "Physical Education and College Hygiene," arranged by the Society of Directors of Physical Education in Colleges; "The Binet-Simon Test," arranged by Professor Terman, Stanford University; "The Mentally Defective Child," arranged by Dr. Henry H. Goddard, Vineland, N.J.

Various citizens' committees of Buffalo are arranging an elaborate entertainment for the benefit of visiting delegates. There will be receptions and

a grand ball, a pageant of school children, and excursion trips to the great industrial plants of Buffalo, and to the scenic wonders of Niagara Falls. The Boy Scouts will act as official guides.

The Congress is open to all persons interested in school hygiene upon the payment of a fee of five dollars. Application of membership should be sent to Dr. Thomas A. Storey, College of the City of New York, New York City.

President Wilson has accepted the honorary office of patron of the Congress. The president of the Congress is Mr. Charles W. Eliot, of Harvard University; the vice-presidents are Dr. William H. Welch, of Johns Hopkins University, and Dr. Henry P. Walcott, president of the recent International Congress on School Hygiene and Demography, and chairman of the Massachusetts State Board of Health.

NEW APPLICATIONS FOR MEMBERSHIP TO THE NATIONAL (TO MAY 29, 1913).

ARKANSAS.

Cullum, F. M., Hartman.

ILLINOIS.

Coley, L. A., Pittsfield.
Howe, Rose D., Chicago.
Hutson, U., Benton.
Seymour, H. A., Hillsboro.

INDIANA.

Ogle, J. J., Ft. Wayne.

KANSAS.

Allen, John, Latham.

MINNESOTA.

Hufnail, F. E., Minneapolis.

MISSOURI.

Bates, S. A., Piedmont.
Elkins, C. F., Gamma.
Marsh, J. R. L., Kansas City.
Wolfe, C. S., Kansas City.

NEW HAMPSHIRE.

Massicotte, L. P. C., Keene.

NEW YORK.

Andrews, B. C., Bay Shore, L. I.
Caliva, F. J., New York.
Canitz, Paul, 1944 Madison Ave., New York.
Cripps, P. C., 633 Main St., Buffalo.
Crispell, C. A., Care Flower Hospital, New York.
DeBeer, J. B., 934 Hancock St., Brooklyn.
Eggersman, F. A., 129 East 92nd, New York.
Feld, H., 945 Marcy Ave., Brooklyn.
Gissler, E. F., 32 Cedar St., Brooklyn.
Greenberg, S., 277 South 4th, Brooklyn.
Hambleton, R. S., 633 Main St., Buffalo.
Hill, Fred, 388 Union St., Brooklyn.
Jager, P., 229 Eldridge, New York.
Kyles, A. E., 633 Main St., Buffalo.
Lewis, S. A., 960 Simpson St., New York.
Phelan, J. W., 87 Foxall St., Brooklyn.
Prout, E., Flower Hospital, New York.
Rhode, O., 113 Reid Ave., Brooklyn.
Saunders, H. C., 171 West 12th St., New York.
Selligman, H., 158 South 2nd, Brooklyn.
Short, J., Buffalo.
Steele, James, 96 Monitor St., Brooklyn.
Steinberg, H., 226 East 10th, New York.
Strahl, M., 229 Bainbridge St., Brooklyn.
Sturm, M., Hotel Ansonia, New York.
Toms, R. A., Kenmore.
Von Unruh, V., 3810 Broadway, New York.
Washburn, F. C., Buffalo.

OHIO.

Curl, G. R., Edgarton.
Estell, J. D., 219 West 7th, Cincinnati.
Faler, A. L., St. Johns.
Grossman, F. A., Cleves.
Huffman, A. G., Elmwood Place.
Hull, Norman, Blandinsburg.
Mundy, Carll S., Forest.
Otto, C. J., 294 Arcade Bldg., Dayton.
Peterson, M. L., 3412 Walworth Ave., Cincinnati.
Rank, A. T., Cavett.
Rosenberg, J. B., Lancaster.
Sickles, F. D., Toledo.
Sidener, T. T., Lima.
Simmons, R. W., 7th and John, Cincinnati.
Skeels, E. T., Dobson Bldg., Akron.
Stout, C. A., 27 Garfield Place, Cincinnati.
Tidball, C. W., Norwood, Cincinnati.
Viets, Van D., Youngstown.
Watkins, Raymond, Blanchester.
Wiedman, H. F., Shadyside.

TEXAS.

Millasich, V., Galveston.

UTAH.

Chandler, C. M., Salt Lake City.

WASHINGTON.

Crain, J. B., Pasco.

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California—H. Ford Scudder, Los Angeles.
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Massachusetts—Fred C. Philimore, 329 Hanover Street, Boston.
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Missouri—Emmett F. Cook, St. Joseph.
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Nebraska—E. J. Latta, Kenesaw.
New Hampshire—Lillian G. Bullock, Manchester.
New Jersey—G. E. Potter, Newark.
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New York—T. D. Adlerman, 910 St. Johns Place, Brooklyn.
Nevada—C. A. Hascall, Fallon.
North Dakota—H. A. Krieger, Venturia.
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Rhode Island—Alzaman Sawyer, 212 Union Street, Providence.
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Texas—M. F. Bettencourt, Mart.
Tennessee—J. Paul Harvill, Nashville.
Utah—J. R. Gray, Salt Lake City.
Vermont—P. L. Templeton, Montpelier.
Virginia—I. N. Baker, Whitacre, Giles County.
Washington—J. W. Cosford, Spokane.
West Virginia—J. A. Monroe, 2713 Eoff Street, Wheeling.
Wisconsin—Ira Fay Thompson, Reedsburg.
Wyoming—W. A. Wyman, Cheyenne.
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Committee on Press and Publication—W. L. Heeve, M.D., Brooklyn,

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Program

SECTION I—SURGERY.

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First Vice-President—L. E. Russell, M.D.....Cincinnati, O.
Second Vice-President—J. R. Duvall, M.D.....Atlanta, Ga.
Secretary—Louis Lanzer, M.D.....Brooklyn, N. Y.

1. Hernia.....H. H. Helbing, M.D., St. Louis, Mo.
2. A Surgical Problem.....E. L. Fox, M.D., Houston, Tex.
3. The Technique of an Up to-date Hospital.....W. R. Hauss, M.D., Sellersburg, Ind.
4. Lesion of the Spinal Cord.....J. E. Cutler, M.D., Crosby, Tex.
5. Unannounced.....F. L. Wilmeth, M.D., Lincoln, Neb.
6. A Later and Better Method of Doing a Prostatectomy....L. E. Russell, M.D., Cincinnati, O.
7. X-Ray Diagnosis.....Earl H. King, M.D., Saratoga, N. Y.
8. Report of a Surgical Case.....B. E. Dawson, M.D., Kansas City, Mo.
9. Gall-Stones—Some Observations on Treatment and Operation..... E. Younkin, M.D., Villa Ridge, Mo.
10. Operations under Local Anesthesia.....B. Roswell Hubbard, M.D., Los Angeles, Cal.
11. Intestinal Surgery.....F. M. Andres, M.D., Lincoln, Neb.
12. Surgical Repairs of the Perineum and the Time to Operate..L. E. Eslick, M.D., Rockwell City, Ia.
13. Acute Ileus.....W. L. Heeve, M.D., Brooklyn, N.Y.
14. Sarcoma.....F. L. Wilmeth, M.D., Lincoln, Neb.
15. Surgery of the Pancreas.....Louis Lazer, Brooklyn, N.Y.
16. Floating Kidney.....O. C. Welbourn, M.D., Los Angeles, Cal.

SECTION II—OBSTETRICS.

President—M. M. Harvill, M.D.....Nashville, Tenn.
First Vice-President—Rosa B. Gates, M.D.....Waco, Tex.
Secretary—J. N. Campbell, M.D.....Stamford, Neb.

1. Pregnancy Complicated with Measles and Extensive Intestinal Ulceration..L. H. Friedman, M.D., Jonesboro, Ark.
2. Post-Partum Hemorrhage.....C. H. Crabtree, M.D., Akersville, Ky.
3. Extra Precaution and Extra Nursing Unnecessary in Obstetrics..W. N. Holmes, M.D., Nashville, Tenn.
4. Unannounced.....J. V. McCain, M.D., Whitepath, Ga.
5. The Accoucheur's Duty.....J. D. McCann, M.D., Monticello, Ind.
6. Puerperal Convulsions.....Geo. W. Holmes, M.D., Sharpes, Fla.
7. Some Blunders of Midwifery.Benj. L. Simmons, M.D., Granville, Tenn.
8. Ergot.....Willard H. Morse, M.D., Hartford, Conn.
9. Cancer of the Womb in Obstetrics....J. H. Vining, M.D., Atlanta, Ga.
10. Conservative Obstetrics.....J. P. Harvill, M.D., Nashville, Tenn.
11. Some Observations by an Ordinary Obstetrician.....Florence Tippet Truax, M.D., Atlanta, Ga.
12. General Management of Obstetrical Cases, with a Case or Two....H. P. Whiteford, M.D., Bridgewater, N.Y.
13. A Few Obstetrical Remedies.....Geo. M. Hite, M.D., Nashville, Tenn.
14. Some Obstetrical Work in My Life by June 1, 1913..W. C. Clark, M.D., Boston, Mass.
15. Forceps Delivery rather than Cæsarean Section..Geo. C. Porter, M.D., Linton, Ind.
16. Some Valuable Remedies in the Puerperal State....Frank Webb, M.D., Bridgeport, Conn.
17. Hints on Aged Patients in Births....M. H. Waldron, M.D., Naugatuck, W.Va.
18. Unannounced.....Wm. P. Best, M.D., Indianapolis, Ind.
19. The Prevention of Ophthalmia.....Lee H. Smith, M.D., Buffalo, N.Y.
20. Miscarriage and its Treatment..M. M. Harvill, M.D., Nashville, Tenn.
21. Douches after Labor.....H. H. Helbing, M.D., St. Louis, Mo.
22. Aids in Labor.....H. H. Blankmeyer, M.D., Aransas Pass, Ark.
23. Unannounced.....W. N. Ramey, M.D., Lincoln, Neb.
24. Unannounced.....Rosa B. Gates, M.D., Waco, Tex.
25. An Unusual Case of Obstetrics...Amy Robinson, M.D., Hastings, Neb.
26. Essentialism Obstetrics.....H. Vandre, M.D., San Francisco, Cal.
27. Cephalic Vercion—Method of Correction.....Geo. W. Holmes, M.D., Sharpes, Fla.
28. Anesthetics in Labor.....B. Roswell Hubbard, M.D., Los Angeles, Cal.
29. Essentials in Obstetrics.....M. A. Carriker, M.D., Nebraska City, Neb.

SECTION III—MATERIA MEDICA AND THERAPEUTICS.

President—R. J. Lambert, M.D.....St. Charles, Ill.
First Vice-President—H. A. Kling, M.D.....Roane, Tex.
Second Vice-President—R. H. Spradling, M.D.....Lincoln, Neb.
Third Vice-President—T. S. Smith, M.D.....Kansas City, Mo.
Secretary—J. S. Neiderkorn, M.D.....Versailles, O.
L. S. Downs, M.D.....Galveston, Tex.

1. Oration, Eclecticism of To-Day..Harvey W. Felter, M.D., Cincinnati, O.
   (*a*) History.
   (*b*) Reasons for existence.

(*c*) Reasons for using vegetable in preference to other methods.

2. Symposium on Materia Medica and Therapeutics:
   (1) Specific Medication, Symptomatology, Meaning, etc.
   W. N. Mundy, M.D., Forest, O.
   (2) Selection, Preparation and Chemistry of Drugs.
   (*a*) Importance of care in gathering and preparing drugs for use.
   (*b*) Difference in flex alkaloids, Sp. Med. Tab., etc.
   (*c*) Why standardization, as to active principles content or other methods are used.
   John Uri Lloyd, Ph. G., Cincinnati, O.
3. Clinical Versus Laboratory Investigations:
   (*a*) Why some drugs are inert on animal and active in man.
   (*b*) Studies on animals of value, but not characteristic of action on man.
   (*c*) Need of pharmacological investigation on Eclectic remedies before they are recognized by regular profession
   D. E. James, M.D., Pine Bluff, Ark.
4. Bedside Study More Valuable than Laboratory....E. R. Waterhouse, M.D., St. Louis, Mo.
5. Reports on Progress in Drug Study..Finley Ellingwood, M.D., Chicago.
   (*a*) Present status of progress and study.
   (*b*) New drugs.
   (*c*) New ideas in regard to old drugs.
   (*d*) New action of old drugs.
   (*e*) Need of greater study and closer observation as to action of drugs.
6. Therapeutic Nihilism.....Richard J. Lambert, M.D., St. Charles, Ill.
   (*a*) Reasons why physicians get discouraged with failures of obtaining results from drugs.
   (*b*) Reasons for the extra required study, etc.
7. Proprietary and Patent Medicines—Some of Value, Some Not....J. J. Sutter, M.D., Bluffton, O.
8. Specific Medication in Infectious Diseases, Membranous Croup and Diphtheria.....W. W. Wimer, M.D., Honey Grove, Texas.
9. Specific Medication in Chronic Diseases..C. Woodard, M.D., Chicago.
10. Gelsemium in Mid-winter Diseases....M. F. Bettencourt, M.D., Mart, Texas.
11. Specific Medication in Summer Diseases.....Geo. A. Taylor, M.D., Bettie, Texas.
12. Specific Medication in Obstetrics. Wm. P. Best, M.D., Indianapolis, Ind.
13. Oil of Code.....T. A. Son, M.D., Bonne Terre, Mo.
14. The Use and Abuse of Alcohol..Jas. C. Mitchell, M.D., Louisville, Ky.

Section IV.—Public Health.

President—B. J. Alexander, M.D.....Hiawatha, Kansas.
First Vice-President—Paul McDonald, M.D.,.....Atlanta, Ga.
Second Vice-President—John F. Spealman, M.D...Lincoln, Neb.
Secretary—J. A. Munk, M.D.....Los Angeles, Cal.

1. Practical Methods for Health Education of the Public.....Edith B. Lowry Lambert, St. Charles, Ill.
2. The Care of Patients vs. Disinfectants..H. B. Cummins, M.D., Seward, Neb.

3. The School Physician—Who Shall He Be?.....Amy Robinson, M.D., Hastings, Neb.
4. The Rural Sanitarium.Edward K. Lawrence, M.D., Pawnee Rock, Kan.
5. Human Carriers.....B. J. Alexander, M.D., Hiawatha, Kan.
6. Eugenics.....Edith B. Lowry Lambert, St. Charles, Ill.

Section V.—Mental and Nervous Diseases.

President—Theo. D. Adlerman, M.D.....Brooklyn, N. Y.
Vice-President—S. J. Stuart, M.D.....Kenesaw, Neb.

1. Some Insane Types I Have Met.....Theo. D. Adlerman, M.D. Brooklyn, N. Y.
2. Types of the Nervous Unfit.....A. M. Givens, M.D., Stamford, Conn.
3. Nervous Democracy.....W. H. Morse, M.D., Hartford, Conn.
4. Hysteria.....Theo. D. Adlerman, M.D., Brooklyn, N. Y.

Section VI.—Practice.

President—R. L. Thomas, M.D.....Cincinnati, O.
Vice-President—G. W. Thompson, M.D.....New York, N. Y.
Secretary—Finley Ellingwood, M.D.....Chicago, Ill.

1. The Hypodermic Syringe in the Practice of Medicine....Frank Webb, M.D., Bridgeport, Conn.
2. Renal Colic.....Geo. W. Fuller, M.D., Mayfield, Ky.
3. Infantile Paralysis.....A. F. Stephens, M.D., St. Louis, Mo.
4. Paralysis, Infantile, Spinal..Geo. H. Kitchen, M.D., Washington, N. J.
5. Diagnosis.....J. M. Wells, M.D., Vanceburg, Ky.
6. Diagnosis.....L. S. Downs, M.D., Galveston, Texas.
7. Oldtime Practice of Fifty Years Ago.V. A. Baker, M.D., Adrian, Mich.
8. Chronic Intermittent Fever..Benj. L. Simmons, M.D., Granville, Tenn.
9. Subject Unannounced.....W. N. Holmes, M.D., Nashville, Tenn.
10. The Medical and Surgical Treatment of Tubercular Lymphatic Glands. A. P. Hauss, Ser., M.D., New Albany, Ind.
11. Practical Practice.....J. D. McCann, M.D., Monticello, Ind.
12. Diabetes Mellitus.....N. M. Dewees, M.D., Cambridge, O.
13. Some Experiences in the Treatment of Pneumonia....A. M. Davidson, M.D., Pine Bluff, Mo.
14. Whisky, Opium, Chloral—their Habits and Treatment.....J. V. Mott, M.D., Amelia, O.
15. Pellagra.....Geo. Holmes, M.D., Sharpes, Fla.
16. Results of the Old Methods in the Use of Lobelia....Mary B. Morey, M.D., Smiley, Texas.
17. Shall we Add the Hormones to our Materia Medica?....Finley Ellingwood, M.D., Chicago, Ill.
18. Hypodermic Lobelia for the Immediate Relief of Obstipation....J. S. Leachman, M.D., Highley, Cal.
19. Cerebro-Spinal Meningitis: Its Treatment and Care from Individual Experience.....Geo. H. Truax, M.D., Stonewall, Okla.
20. How to Prescribe.....Mareva Dickerman Brown, M.D., DeKalb, Ill.
21. Specific Medication—the Cornerstone of Rational Practice.....S. W. Moreland, M.D., Jonesboro, Ark.
22. Common Sense in the Practice of Medicine.....Jas. Beard, M.D., Los Angeles, Cal.

23. Can We Meet the Pathological Conditions Successfully by Drug Application.....Pearl H. Tatman, M.D., Eureka Springs, Ark.
24. Treatment of Rheumatism.....G. W. Harvey, M.D., Big Pine, Cal.
25. Broncho-Pneumonia: Its Direct Treatment.....A. S. Tucker, M.D., San Francisco, Cal.
26. Intestinal Colic—Colocynth and Dioscorea....M. F. Bettencourt, M.D., Mart, Texas.
27. Personal Experiences in Medical Practice.....Amy Robinson, M.D., Hastings, Neb.
28. Influences of Hypodermic Lobelia....C. Woodard, M.D., Chicago, Ill.
29. Snap Diagnosis.....B. E. Dawson, M.D., Kansas City, Mo.
30. The Treatment of Diphtheria and Membranous Croup.....W. W. Wimer, M.D., Honey Grove, Texas.
31. Acidosis.....J. A. Munk, M.D., Los Angeles, Cal.
32. Hay Fever.....J. T. Sibley, M.D., Brooklyn, N. Y.
33. Hot Water of Hot Springs for Pellagra.....V. E. Duren, M.D., Hot Springs, Ark.

Section VII.—Orificial Surgery.

President—B. E. Dawson, M.D.....Kansas City, Mo.
Vice-President—W. E. Kinnett, M.D.....Peoria, Ill.
Secretary—M. E. Cook, M.D.....St. Joseph, Mo.

1. Orificial Surgery.....W. E. Kinnett, M.D., Peoria, Ill.
2. Orificial Surgery as a Help to the General Practitioner....C. I. Welsh, M.D., Clifton, Kan.
3. Some Results Observed from Orificial Surgery....F. C. Meckfessel, M.D., Albert, Kan.
4. Orificial Experiences.....H. Michener, M.D., Wichita, Kan.
5. Orificial Surgery for Feebleminded Children.....W. A. Guild, M.D., Des Moines, Iowa.
6. Pelvic Abscess.....H. H. Helbing, M.D., St. Louis, Mo.
7. Some Results of Orificial Surgery....D. E. McCarty, M.D., El Reno, Okla.
8. Cases in Practice.....Emmett F. Cook, M.D., St. Joseph, Mo.
9. Perineal Laceration, with Attempt at Repairing the Same.....M. M. Hamlin, M.D., St. Louis, Mo.
10. Susceptibility.....B. E. Dawson, M.D., Kansas City, Mo.
11. Subject Unannounced.....J. B. Davis, M.D., Chicago, Ill.

Section VIII.—Gynecology.

President—H. H. Helbing, M.D.....St. Louis, Mo.
Vice-President—E. B. Thomas, M.D.....Atlanta, Ga.
Secretary—W. N. Ramey, M.D.....Lincoln, Neb.

1. Adhesions and Neurasthenia...E. H. Stevenson, M.D., Ft. Smith, Ark.
2. Cancer of the Uterus.....A. S. Tuchler, M.D., San Francisco, Cal.
3. Non-operative Gynecology.....Florence T. Truax, M.D., Atlanta, Ga.
4. Syphilis.....Chas. Woodward, M.D., Chicago, Ill.
5. Gestation Wrongs Due to the Lack of Preconception Treatment..O. S. Coffin, M.D., Alexandria, Ind.
6. Office Examination.....J. C. Entz, M.D., Hope, Kan.
7. Ovaritis.....Lee Strouse, M.D., Covington, Ky.
8. Menstrual Irregularities.....J. M. Wells, M.D., Vanceburg, Ky.

9. Menorrhagia.....V. A. Baker, M.D., Adrian, Mich.
10. Endometritis.....J. R. Barry, M.D., Cartersville, Mo.
11. Gynecological Reflexes.....B. E. Dawson, M.D., Kansas City, Mo.
12. The Curette.....Emmett F. Cook, M.D., St. Joseph, Mo.
13. Abortion a Prime Factor in Diseases of Women.....A. F. Stephens, M.D., St. Louis, Mo.
14. The Village Obstetrician.....E. E. Cone, M.D., Oxford, Neb.
15. Uterine Dilatation.....W. L. Heeve, M.D., Brooklyn, N. Y.
16. Uterine Displacements.....O. A. Hyde, M.D., Queens Court, N. Y.
17. Perineorrhaphy.....E. B. Shewman, M.D., Cincinnati, O.
18. The Doctrine of Prevention.....R. J. Lambert, Ph.G., M.D., St. Charles, Ill.
19. Dysmenorrhea.....R. Florence Smith, M.D., Newark, O.
20. Chronic Diseases of the Uterus and Adnexa....C. H. Bellamy, M.D., Dallas, Texas.
21. An Intractable Case of Dysmenorrhea.....F. M. Bettencourt, M.D., Mart, Texas.
22. Subject Unannounced.....R. O. Braswell, M.D., Ft. Worth, Texas.
23. Subject Unannounced.....E. S. Downs, M.D., Galveston, Texas.
24. Pelvic Lesions of the Child-bearing Woman.....L. E. Russell, M.D., Cincinnati, O.
25. Amenorrhea.....Rosa B. Gates, M.D., Waco, Texas.
26. Pelvic Peritonitis.....A. P. Hauss, M.D., New Albany, Ind.
27. Ovaritis in Young Girls.....M. B. Morey, M.D., Smiley, Texas.

SURGICAL SUGGESTIONS.

Bilateral inguinal herniæ that pop in and out of the external rings are very apt to be direct herniæ. They often contain part of the bladder on one or both sides.—*American Journal of Surgery.*

Intratracheal anesthesia (Meltzer) is quite acceptable for operations other than intrathoracic. The etherization is almost automatic, danger of over-etherization is minimized, and coughing, straining and mucous accumulation are obviated.—*American Journal of Surgery.*

When operating upon an incarcerated umbilical hernia, especially in an old or enfeebled subject, it may be quite desirable to enlarge the ring by incision *before* opening the sac. This will facilitate the reduction of the bowel promptly after its exposure.—*American Journal of Surgery.*

W. B. Saunders Company, publishers, of Philadelphia and London, have issued another edition (17th) of their handsome illustrated catalogue. In going through this edition we find it describes nine new books and ten new editions, not described in the previous issue. These new books are of great interest to the medical man, because they treat of subjects being daily discussed in medical circles. Any physician can get a copy of the Saunders' catalogue by dropping a line to these publishers. A copy should have a place on the desk of every physician, because it is most valuable as a reference work of modern medical literature. Send to Saunders to-day for a copy.